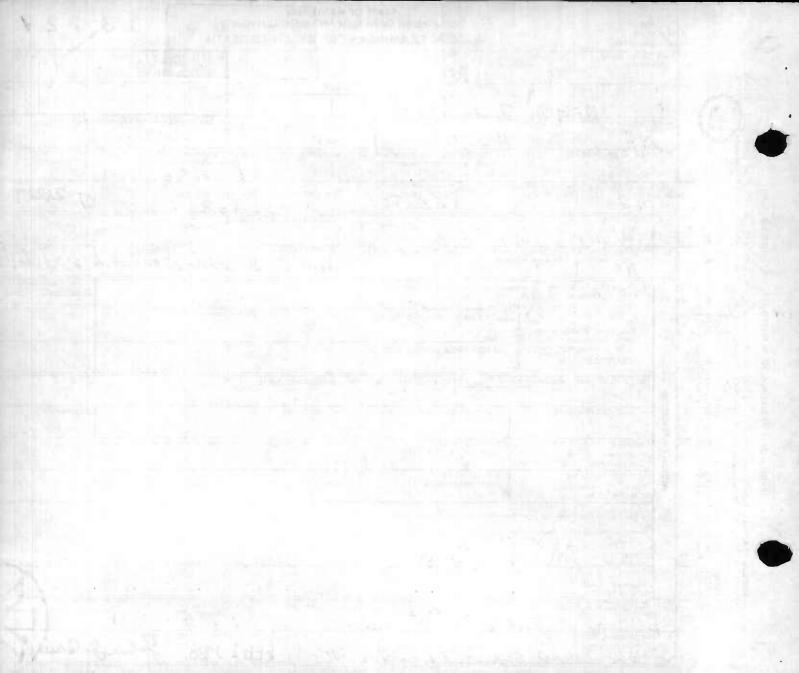
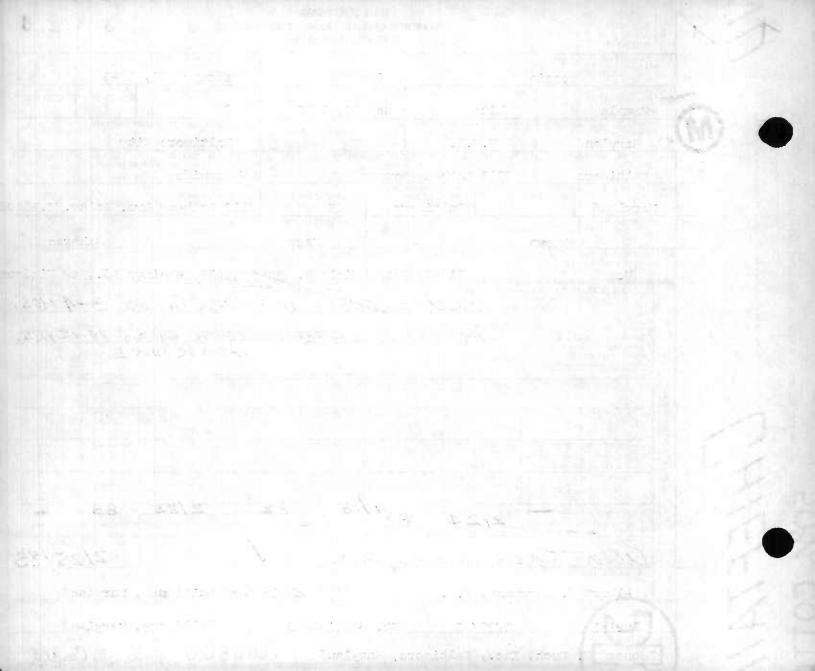
20M 4/B2

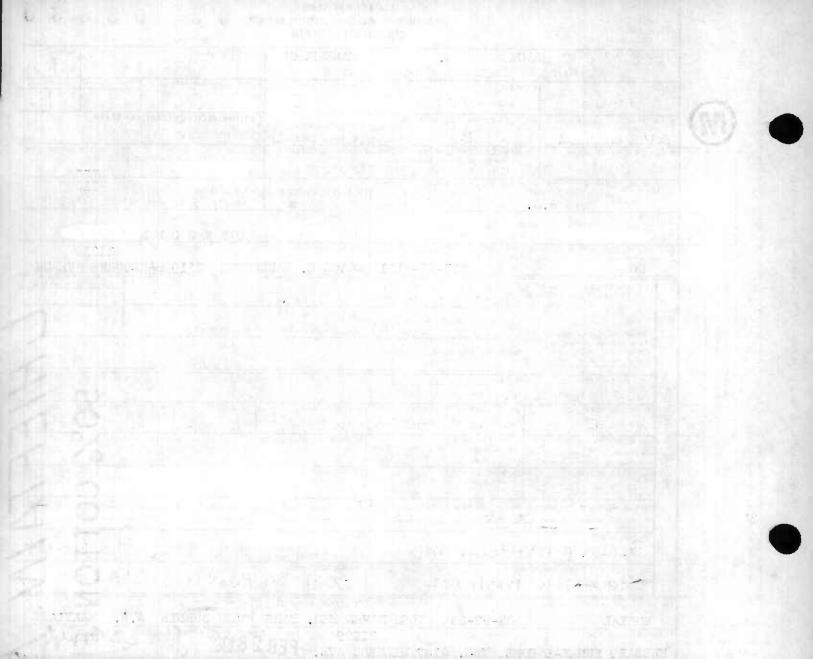




1	/	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	YGIENE 3	S REG. NO.	0 3	3	2	9
1 ×	0		CEASED NAME FIRST OR PRINT)	6.8 -0	MIDDLE	l	AST	20. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOUR	
			Ulys			Gu			2		3.3		N
4		3. SE		4. RACE		5. DATE C		6. AGE (INYE	ARS LAST BIRTHDAY)	IF UNDER	DAY5	HOURS A	HRS
-		la in	Male	Bl	ack	W.S	4° 26°			RS.			
/A	al	7a. BI	RTHPLACE (STATE OF FOREIGN	1	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMO	RE CITY OR COL	INTY OF DE	ATH		
u.	10	1	S.C.	J	JSA	WIDOWE	**		timore	City	,		MD
	100	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120. USUAL C	CCUPATION FOR MOST OF WORK	12b.		BUSINESS	OR
1	00		altimore	2309	E. Lafa	yett	e Avenue	(TIPE OF WORK	POR MOST OF WORK	ING (INE) IIAD	JSIKI		
1	01	USU.	AL RESIDENCE (IF NURSING HOLD STATE	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	112. STREET	DDBESS		-	75-1	
1	0	M	aryland	1011	Ba, lt:			130. STREED	9 E. La	afaye	tte	2121	13
- Paris	O.A	_	THER'S NAME				15. MOTHER'S MAIDEN N					-	-
	200		Uİİs	WIDDLE	Guy		Willie	!	Mae		Her	thor	ct
100	7	160 V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS				
medico	/	0	(IF YES, G	IVE WAR OR DATES)	366-24-	4152	Mildred G	uy 230	9 E. La	afaye	tte	Ave,	
	,		IR CALISE OF DEATH (Setter of	alv and envis per				^	_			ATE INTERVA	
novol.			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		Messe	7 may	200	Mas	-Da	- 01	IWEENO	NSEL AND DE	ALC:
ren			4100 IMMEDIA	TE CAUSE (0)	11.09			, 9					
o 'un			Car Pate of Land	DUE TO, O	RAS A CONSEQU	ENGE OF							
frat			Conditions, if any, which gove rise to immediate	(p)	12 Man	-545(_
other			cause (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQU	ENCE OF							
ar o				(c)									_
יים סה		z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN P	ART 110		
prior 1	_	CERTIFICATION	190. DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTO	PSV2 20h	F YES, WERE	FINIDINI	38 LISED	
		FIC	ING. DATE OF OPERATION	178. COM	THOM FOR WITHER	OFERATIO	WAS FERFORMED		INC	ERTIFYING C	AUSES C	F DEATH?	
shows	_/_	E	210. ACCIDENT WAS UNDERLYING	21b, TIME C	F (ALILIEW		Tale HOW BUILDINGS	YES _	по 🗌	YES 🗌		NO 🗆	
ī œ	2		OR CONTRIBUTING CAUSE OF DE			AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NAT	URE OF INJURY IN ITE	M 18 PART I ORF	ART 2)		
Mental	7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19							
M Pu	5	e e	21d. INJURY OCCURRED	210. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OF TOWN	cou	NTY	STAT	E
th ar			AT WORK NOT WHILE AT WORK			1.1			10	-	3		
Teol			22a.1 certify that (1) (this hasp	0 1 0	e deceased from	119	, 19	, to	211	19_3	<u>~</u> . th	not (I) (we)	last
21		1	sow the deceased alive a above, (I) (well and Ladid n	ot) view the body	ofter depth.	P3,01	nd that in (my) (our) opinion	on death accurred	on the date and	hour and fr	om the co	ouses state	4
ept.			226. SIGNATURE	1	۸		DEGREE			220	DATE S	IGNED	
T. H			Helet	Kee			PHYSICIAN	MEDICAL	STAFF PHYSICIAN		2/2	123	
Sto	7	15	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			220. ADDRESS		0 -		0		-
with the State Dept.		N	Robert	NBS	nood	da	812GK	Led	VCx	1 le	24		
WIN		23g. E	URIAL, CREMATION, REMOVA	1 23b. DATE	230	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCA	TION	-			-
			BURIAL	2/12/			is Mem. Pk	. Ba	Trimor	e count	o.	MD	E
		24 FL	JNERAL DIRECTOR					ATE REC'D. BY RE		GISTRAR'S S	IGNATI	RE.	-
A 4/8	32		NAME	m /++ m	ADDRESS		-	EB 919	83	an &	- (21	well	
i, 4)		W	n. C. March	F/H Inc	11011	. Nor	th ave	0 10				-	

FEB 3 1883 John & Carried

+	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYG	IENE B	REG. NO.	0	3 8	3 3 0
be per per per per per per per per per pe		EASED NAME	FIRST GRA	ACE E	MIDDLE E.	Haberi	LAST HABERI	KORN	20. DATE OF D	EATH M	DAY Z		26 HOUR 6-10 PM
	3. SEX	Female	4.	BOAR C ZUC	esion		OF BIRTH	YEAR	6. AGE (IN YEA	66	YRS.	UNDER I YEAR	HOURS MIN.
O W	SOI	THPLACE (STATE OR FO	NA	CITIZEN OF	15	MARR		ORCED [9 BALTIMORE BALTIN	nore	C17	4	MD.
rs ofter by the fulled with	BA	LTIMORE	1:	SO. BAL	TIMORE	STREET ADDRESS)	OR OTHER INSTIT		12a. USUAL OC (TYPE OF WORK FI HOMEM	OR MOST OF V		12b. KIND C	OF BUSINESS OR
filled in sould be	USUAI 13a. ST	ATE MO	ISH COUNT			TOWN	YES 🗍	VO 🔀	130 STREET AD		NKLIN		LO90 REET
MARYL)	14. FAT	HER'S NAME FIRST OTTO	ΑI	DDLE	BARNES	3		RST		MIDDLE K N O		LAS	St
be execut		AS DECEASED EVER I S. NO OR UNKNOWN) NO		ED FORCES? WAR OR OATES)		SECURITY NO. 56-4111	GRACE I		ERKORN	2510			AVENUE XIMATE INTERVAL H ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours representeding physicion. When this certificate has been signed by the offending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages, and 2 should be filled than Amental Physician prior to buriol, cremation, or removal. Onclosed or them 18 showed ony injury, or other traumatic event, the medical adammental state in order or them.		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediote the lost.	DUE TO, O DUE TO, O Co DUE TO, O Co DUE TO, O Co DIDITIONS CO	RASACONS RASACONS RASACONS	DUMON SEQUENCE OF SEQUENCE OF	lovarii		arcino		TION GIVEN	IN PART 1	(a)
TAL RECORI	TIFIC	1-20-83	ION	Sma.	LL BOU	HICH OPERATI	ON WAS PERFOR	0~		NOD	YES	NG CAUSES	INGS USED S OF DEATH? NO []
O PHYSICIAN: The ottending physicion of the build-tronsit p to and Mental Hygien cond Mental Hygien had or them 18 shown the dor t	CAL	216. ACCIDENT WAS UND OR CONTRIBUTING CCC (IF EITHER, NOT IFY MEDIC 216. INJURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DEATH ALEXAMINER) ED	P. 21e. PLACE	M. MONTH M. OF INJURY	H DAY YEA			RED (ENTERNATU	CITY OR TOW	3 0 E	COUNTY	STATE
OR ATTEND e hospitol o DIRECTOR: A ckhed for use Dept of Heol		220.1 certify that the saw the decease above, (1) (was) (d) 22b. SIGNATURE	d alive on id) (dd dol)	z-26 view the body	ofter death	19 83	DEGREE AT P! 22e ADDRESS	TENDING HYSICIAN [. 10	STAFF		nd from the	, that (I) (we) lost e couses stated E SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store IMPORTANT:		Steich	SIC	11161	HSON		300	1 50	. Haw		51	ree.	1-
BP	(5	JRIAL, CREMATION, PECIFY) BURTAL NERAL DIRECTOR	REMOVAL	23b. DATE 03-0	2-83	GLEN H	AVEN MEM	. PARK		BURNI			ARYLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)		BBARD FUN	ERAL H	HOME, I	NC. 41	DRESS	21229 ENS AVE.	FEB		3	i Cuic	y. "CA	well.



IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other froumatic event, the

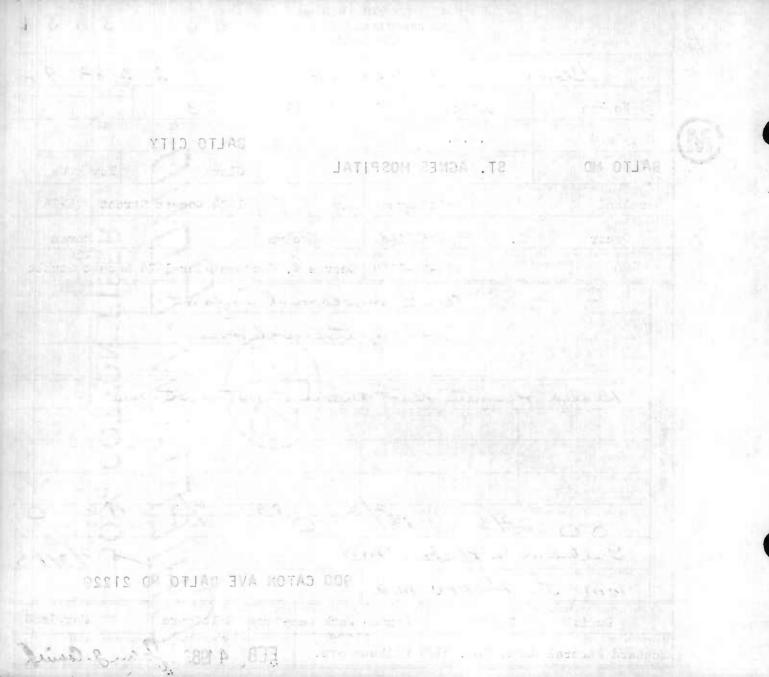
1	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0	3 8	3
		CEASED NAME FIRST GLOR	RIA VELMA		HEME ISTER	20. DATE OF DEATH	2 3	83	9 AM
5	3. SE)	Female	4. RACE White	S. DATE (DF BIRTH	6. AGE (IN YEARS LAST BIR)	HDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
D	Í	RTHPLACE (STATE OR FOREIGN LAND)	75. CITIZEN OF WHAT COUNTY	MARRIE		9. BALTO CI	R COUNTY OF	DEATH	MD
10	B	ALTO MD	11. NAME OF HOSPITAL, NU	SREE HOSP	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		POY R	BUSINESS OR
5	13a. S Ma	AL RESIDENCE (IF NURSING HOME O TATE 136 COUL aryland			13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1424 Locu	st Stre	et 2	1226
0		THER'S NAME Oscar		illips	15. MOTHER'S MAIDEN NAV	WIDDLE			ran
1		VAS DECEASED EVER IN U.S. AF YES, NORTHINKNOWN) (IF YES, GI	0/F 141 4D OD D 4 7FFF)	28-1119	George W. Ha	chemeister		21220 cust 8	
	NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS ACONS	EQUENCE OF	not related to the term	lerosia INAL DISEASE OR CONI	UTION GIVEN I	N PART I(a	
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	3	ORPART 2)	STATE
		22a. I certify that (I) (this hosp sow the deceased alive ar above (I) we) (did (did no 22b. SIGNATURE	ortal) oftended the deceosed from the body after death.	19.83 /. 01	nd that in (my) Cur) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	from the c	
1		22d. PHYSICIAN'S NAME (TYPE)	HICKEN,	m.D.	"900° SCATON	AVE BALTO	MD 21	229	
A		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2/7/83	23c NAME OF C	EMETERY OR CREMATORY n Park Cemeter	y Ball Timor	e co	имту Ма	ryland

FEB 4 198: FEB 4 198:

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



1. DECEASED NAME 20 DATE OF DEATH orraine 8 Hagans 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) 1928 120 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE! 4209 Belview Ave 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) LYES, NO OR UNKNOWN daughter 4209 Belvey Ave Balto, and. 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ama IMMEDIATE CAUSE (a) Diabetes, renalfailure, heart failure Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hy pothy widism 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? ä IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM, ETC) CITY OF TOWN orked 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we did) (did not) view the body after death 22b. SIGNA DEGREE MD 22e ADDRESS WPORT/ Stran 55 230. BURIAL, CREMATION, REMOVAL

TORTON ISONS 1701 hayrens

FOR

- STATE

DHMH - 16 50M 1/BI

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

WHIT MO3/6/3/66

IF UNDER I YEAR

2h HOUR

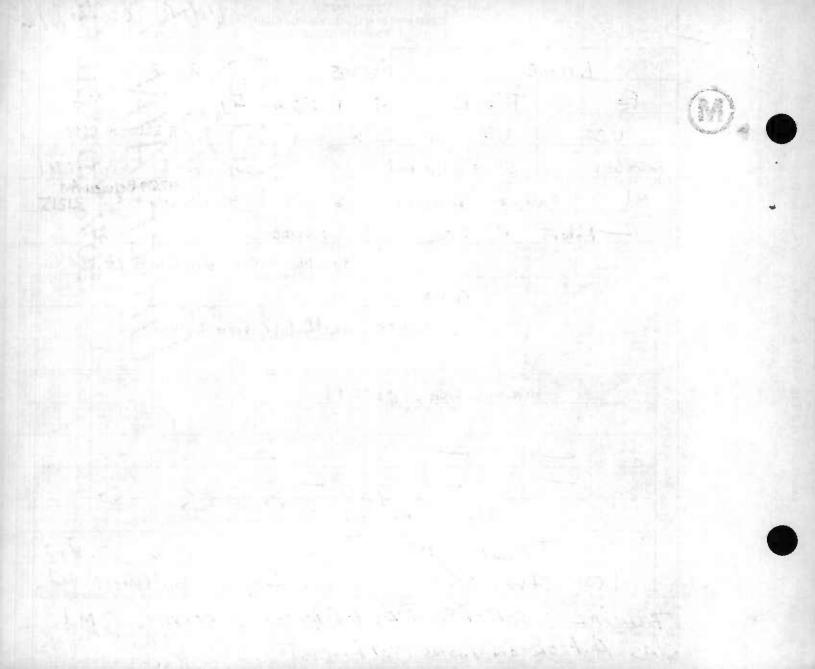
12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

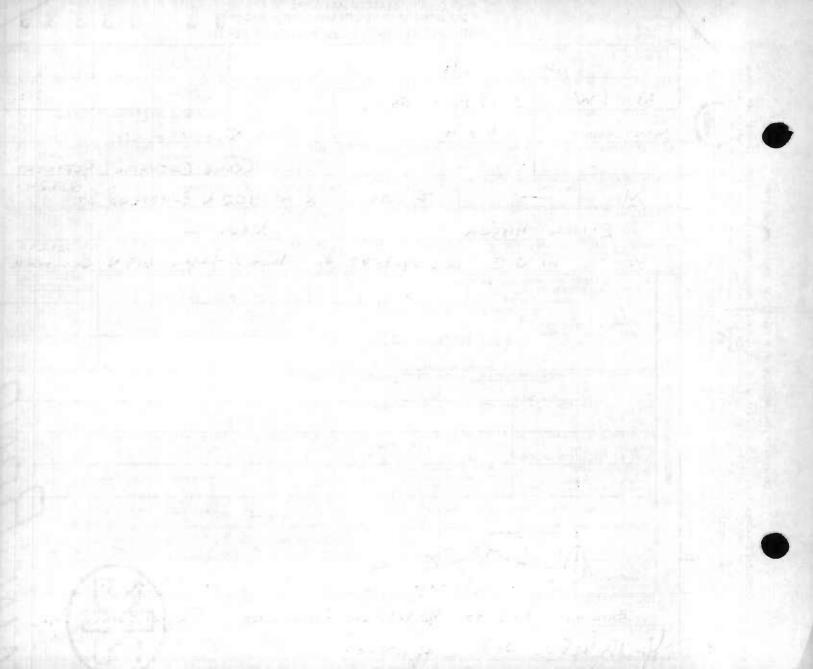
22c DATE SIGNED

State of

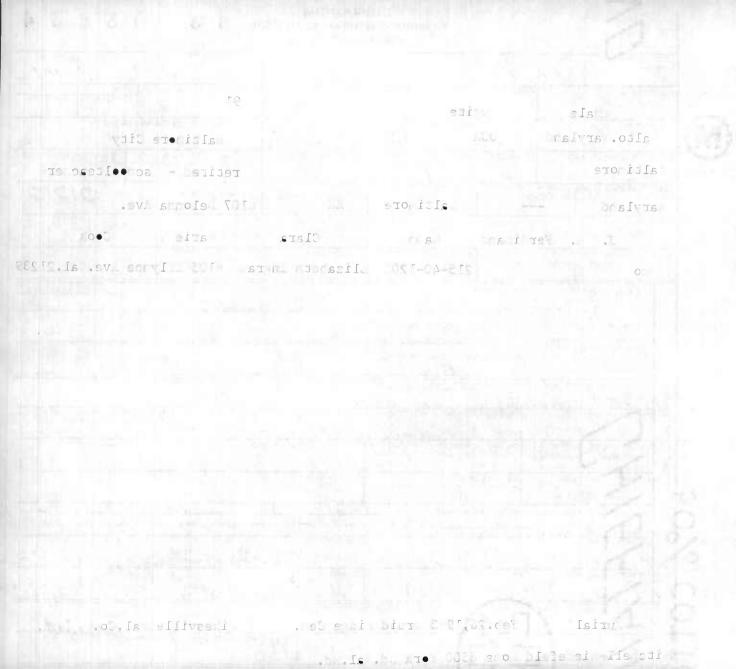
Lee

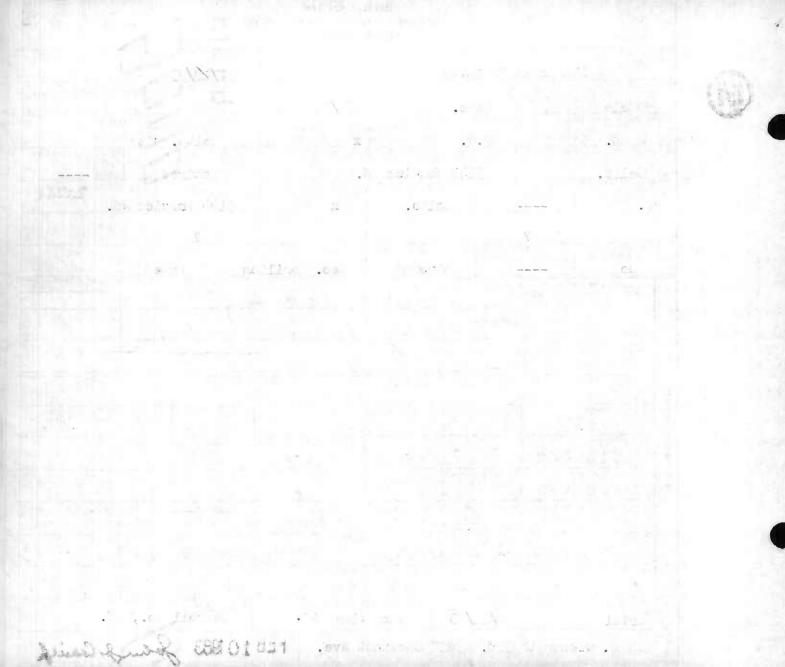


4						STATE OF	MARYLAN	ND						-	
10	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE PEGENTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH) 3	8	3	3	
X L		REGISTRAR		ME		MINER'S		CATEO	FDEAT	TH .	REG. NO.		13		
ď		EASED NAME OR PRINT)	FIRST		WIDOLE		LAST		-20	OF E	ESTI-	MONTH	CAY	YEAR 71	b HOUR
L			GEORGE		H		AGER			DEATH M		2	26 19	83	М
3	SEX	4. RAG		DATE OF BIRTH	YEAR LAST	BIRTHOAY) MON	INDER I YR.	HOURS		RONOUNCE		MONTH	DAY	YEAR 2	1.35
L		W		3-17-1	928 5	YRS.				DEAD		2	26 19		1:35
12	FOR	THPLACE (STATE OR EIGN COUNTRY)	1	76. CITIZEN OF WI		8 MAR	RIED NE	VER MARRIE	D	BALTIMOR	RE CITY OR	COUNT	Y OF DEA	TH	
1	11 00	UNTATUD		U.S			WED 🗆	DIVORCE		Baltir	more (lity.			MD.
ļ.	Q _n CI	Y OR TOWN OF DE	ATH	(IF NOT IN SUCH FA	SPITAL, NURSING I		HER INSTITU	ITION		L OCCUPAT OST OF WORKING	TION (TYPE O	F WORK	OR IN	DUSTRY	NESS
		Baltimore		Church H	Hospital				CRAN	VE O	PERAT	OR	KER	INE	27
	30. S1	ATE O .	13b. COUNTY		13c CITY OR TO		13d INSIDE C	NO 🗆	13e. STREE	T ADDRESS	RADE		ST.	1221	4
ŀ	4 FA	THER'S NAME			107	410.		ER'S MAIDEN		N.D.	KUNE	2 RD	31,		
t		FIRST	NER	HAGER	LAST		13. MOTTE	FIRST &	MARY	MIDDI	LE		LAST		
T		AS DECEASED EVER	R IN U.S. ARME		166. SOCIAL SEC	URITY NO.	17 INFORA				ADDRESS	-		212	
	(16	YES	W-1	W.T	216-24.	8588	Wh. I	Patricel	K J. F	lazer	-61	9 N.	· Sen	woo	od au
F		18 CAUSE OF DEA	TH (Enter anly	ane cause per line	far (a), (b), and (c).)							APPRO	XIMATE IN	TERVAL
ı		PART I DEATH V	MAR CALIFED I	DV.	rterioscl		cardi	ovasci	ılar	diseas	se		BEIWEEN	ONSELAN	ND DEATH
		429	DIMINEDIALE		AS A CONSEQUE										-47
		Canditions, if		(6)											
1		cause (a) statin	g the under-	DUE TO, OR	AS A CONSEQUE	NCE OF								-	
1		lying cause last		(6)											
1		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISE	ISE DR CONDITION	IN GIVEN IN PART	Tla.						
-	CERTIFICATION	19a. DATE OF OPER	ATION	Time contra	TION FOR WHICH	OBERATION	AVA C DEDECOR	144ED2					In	- 55110	
K	FICA	THE DATE OF OFER		170. CONDI	HOITTOK WITHCH	O, EKATION	TASTERI OR	UNLD:					20 AUTO		
4	ERTI	210 EXTERNAL CAL	JSE WAS	216 TIME OF	FINITIRY	21- 1	HOW INJURY	OCCURRED) FAITED A111	TURE OF WHEEL	V IN ITEA 10 0	01100040	YES		NO [X]
		UNDERLYING	OR	HOUR A.M	MONTH DAY	YEAR	TAOURI III	OCCURRED	, terater MA	ONE OF INJURY	HEM IS PAR	III OK PAKI)		
1	MEDICAL	CONTRIBUTING 214 INJURY OCCUR	RED	ATH P.M	· ·	9 MF 21f I	OCATION								
	ME	WHILE NOT	WHILE		TORY, FARM, ETC.)	211. 0	STREET		(CITY OR TOWN		COUR	NTY		STATE
		AT WORK AT V	WORK		10/15				[C7]		7				
		220. I certify that			cribed above, held	on Auto	psy .	Inspection	<u>[X]</u> ,	Inquiry L	, and i	in my apii	nian		
		death resulted fram	m: Natural	I causes	Accident,	Suicide L	, Hamic	cide .	Undeter	mined mann	er				
		ACTUAL	A.	()	_			SPECIFY)	1			DATE	0.0	7 07	
4		SIGNATURE	W	V	A	_	M.D. ASS	sistan	MEDIC	AL EXAMIN	IER	SIGNED	2-2	7-83	
7	1	EXAMINER'S NAME	0.	M Dive	6 MD		-	111 D	onn C	+ P	al to	Md	212	0.1	
1		TYPE OR PRIND		- 1			ADDRESS_				alto.,	, IVIU ,	. 212	UI	
2	30. BU	RIAL, CREMATION,			A .	F CEMETERY			23d LOC	TOWN	11	COUNT		STATE	
1	14 461	BUR1	Ur	3-3-83	MD. VE	et. Cen		WN SVIL			OWN:		-	MD.	
+	1	NERAL DIRECTOR	nn	_ 2334	1.11	01		MAR		1983	JUS CO	KAK S	- CAL	ula	
1	1	V. Wich	ALL	- 2334	() albert	a s		4222 20 2	+	MUC	6	V			



10	1 - STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	NE S S	0 3 8	3 4
moy be r, page 3 tter death	(TYPE OR PRINT)		AIDDLE	Hahri Hahri 5. Date Of BIRTH		AGE (IN YEARS LAST BIRTHDAY)	23 83	HOUR ID P JUNDER 24 HRS HURS MIN.
ood ood	- emale		nite WHAT COUNTRY?	10 1	91	91 YR BALTIMORE CITY OR COUP	S	MIN.
(M)	Balto Maryl			MARRIED NEVER	MARRIED 1	Baltimere		MD.
ts ofter d	Baltimore	(IF NOT IN SUC)	HEACILITY, GIVE STREET A		STITUTION 12	Re. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN TETITED - 8	industry schoolteach	isiness or ler
n 24 hound in hould be	Maryland	HOME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltimo	re YES XX	NO 🗌	6107 Belonna A	Ave. 21.	2/2
ompletely ond 2 s	14 FATHER'S NAME FIRST J. H.	Ferdinand	Hahn		rs maiden name Clara	Marie	C●ok	
be executed and control of contro	16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? IF YES. GIVE WAR OR DATES)	215-40-1		eth Ingr	am 6105 Edlyr	nne Ave.Bal	
ST., BALT printicote b appricia appropers. emoval. event, the		Enter only ane cause per CAUSED BY: MEDIATE CAUSE (a)	line for ial, (b), and	men (aruin	oma	APPROXIMATE BETWEEN ONSE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours ratending physician and completely filled in by the this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill the ond Mental Hygiene prior to burial, cremotion, or removal. Orked or them 18 shows any injury, ar other traumatic event, the medical examiner must be accomplished.	Conditions, if ony, w	hich ((b)	as a consequent	//	um 1	Penina	mon	Fly
s that the ed by the slease rer riol, crem or other	couse (a), stating underlying couse	the last. (c)	AS A CONSEQUEN	- Porgast	inhitra	ling ductal	concinon	neont
been sign: mit. Then prior to buy, ony injury.	PART 2 OTHER SIGNIF	Elerosis -	Cerebr	PERATION WAS PERF	plus	AL DISPASE OR CONDITION	YES, WERE FINDINGS	LISED
TAL REC	10-2-82	Corce	inme o	Prisht B	reast	YES NO P	RTIFYING CAUSES OF I	DEATH?
IYSICIAN: T ding physici ding physici is certificate burial-transi Mental Hyg	OR CONTRIBUTION CAL	SE OF DEATH HOUR A.	M. MONTH DA	YEAR	NJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
DIVISION DING PHYS or offer this of the bury offer of the bury offer of the bury offer of the bury	CIFEITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	FAT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	211 LOCAT STREE		CITY OF TOWN	COUNTY	STATE
N - N - N - N - N - N - N - N - N - N -	220.1 certify that (f) (th	nis hospital) attended the	61	3 ond that in (my	19 3/	to A - 23	19 33, that	(I) (we) last
At OR ATTE the hospito At DIRECTO etached for the Dept. of It.	abave, (I) (did	alive on A	As	DEGREE	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN	
TO HOSPITAL of Hospital to Form the State of March 1 with the State of March 1	THE PHYSICIANS HAM	ENGLES	MO	380		mount the	Scalto Nec	121218
BP	230. BURIAL, CREMATION, RE			ME OF CEMETERY OR		23d LOCATION CITY OR TOWN Pikesville	Bal Soc	STATE
	24 FUNERAL DIRECTOR Mitchell-Wied				25a. DATER	BY D. BY 1998 SRAPP RES	GRAPS SIGNATURE	4





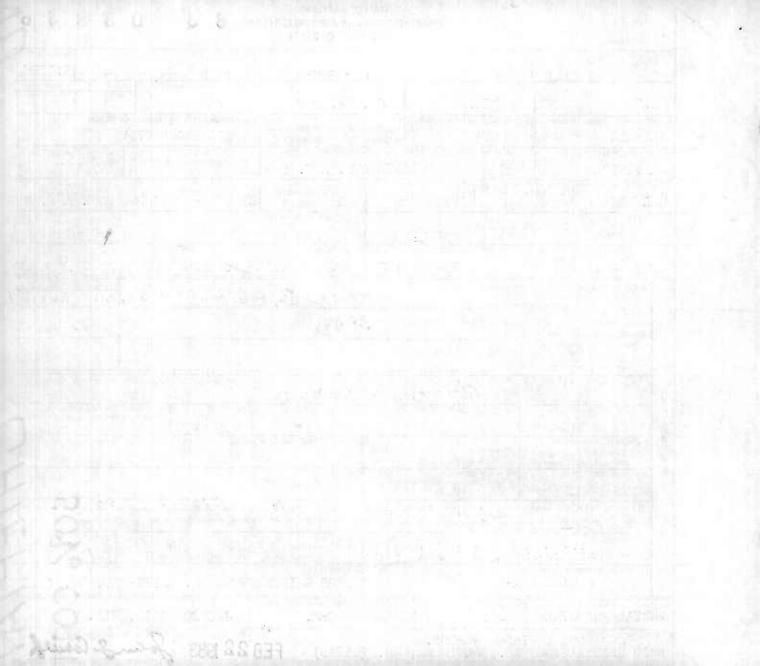
		CEASED NAME FIR	ST	M	AIDDLE	LA	ST		2a. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
ay be	(EAb)	ORPRINT) WILL	IAM			ŀ	IAMMERMAN		FRIDAY F	FR 18	1983	5:15PM _M
noy r, po	3. SE	x	4. RACE			5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BE	_	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
cto s		\LE		WHIT		oct.	28,1909 TE	1	73	YRS.		
1 to 110		RTHPLACE (STATE OR FOREIC	76. CIT 12		WHAT COUNTRY?	MARRIED	NEVER MARRIE	ED XX	9. BALTIMORE CITY	_		
1 1 70		LORIDA	11 514	USA		WIDOWE	DIVORCE		BALTIMO			MD. F BUSINESS OR
6000		AKTIMORE					VE. APT.		SALESMAN		DRAP	ERY
W BC	USU 130. MA	AL RESIDENCE (IF NURSING HISTATE 13b	OME OR OTHER INS	STITUTION,	GIVE RESIDENCE BEFORE 13 CITY OR TOW BALTIMOI		13d. INSIDE CITY LIN YES NO [AITS?	5715 PARK	HEIGHT	S AVE.	21215) APT. 903
4 12 1	14. F.	ATHER'S NAME FIRST	WIDDLE		LAST		15. MOTHER'S MAID		E	11.	LAS	T
1 1500		EDEL	6 404450 50	DOESS	HAMMERI 166 SOCIAL SECU		HANN 17. INFORMANT	IAH	ADDR		IRNBAU	4
Poges	(YES, GIVE WAR OR		252-03-0			HAMMI	ERMAN 3510		MERE RE	. (21207)
ficate by sicial paper in avail.	177	18 CAUSE OF DEATH (En	AUSED BY:		line for (a), (b), on	dien A	of the U	1 se 01	exedeal "	Lefar	BETWEEN O	MATE INTERVAL ONSET AND DEATH TO
ding a		4100	NEDIATE CAUS		R AS A CONSEQUE	NICE OF #	Acus	1		0	1	
death other death oumc		Conditions, if any, whi	ich ((b)	(A3 A CONSCOOL	7	1247)				1	zgrs.
by the osternoon of the remove of the removed of th	8	gove rise to immedia couse (a), stating t underlying couse la	he DU		R AS A CONSEQUE	NCE OF						
quires the signed less pleated les p	NO	PART 2. OTHER SIGNIFIC	ANT CONDIT	lons <u>cc</u>	MELION OF	DEATH BUT	NOT RELATED TO THE		NAL DISEASE OR COM	IDITION GIVE	N IN PART 1	٠, ١
nn. has been permit. Tene prior	CERTIFICATION	190 DATE OF OPERATION	196	COND.	TION FOR WHICH	OPERATION	N WAS PERFORMED		200. AUTOPSY? YES NXX		WERE FINDING CAUSES	
Nr. Thysicio	GE	210 ACCIDENT WAS UNDERLY			FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ			
SICIAI ng ph certific riol-tr riol-tr	N N	OR CONTRIBUTING CAUSE	OFDEATH	P./		19						
PHYS trending the burner of th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
DING or o or o or o or o or o or o or o		220.1 certify that (I) (this	hospital) atte	nded the	e deceased from_		, 19.	70	10 2eb	18	953	that (we) last
TTEN Pital TOR For u of He		saw the deceased of above, (Mweyland)	ive on	704	1/3 19	83_, on	d that in (my) (aur) a	opinion d	eath accurred on the o	late and hour	and from the	couses stated
OR A birth DIREC Oched Dept.		22b. SIGNATURE	· < /	1/4	n 1	. /	REGREE				22c. DATE	SIGNED
£ 0 =		Ma	lell	100	ical	w		CIANX	MEDICAL STA	CIAN	2/1	9/83
O HOSPITAL etained by the TO FUNERAL should be detromed by the Store with the Store IMPORTANT:		22d. PHYSICIAN'S NAME DANIE	(TYPE OR PRINT)	L			22e ADDRESS 600 REI	STER	STOWN RD.	BALTIM	ORE, M	D. (2120
show with	23a.	BURIAL, CREMATION, REM	OVAL 23b. D	OATE	23 c. 1	NAME OF C	EMETERY OR CREMA		23d. LOCATION			
BP	BI	JRTAL /REMOVA	AL .	2/20		VERGRI	EEN CEM.		JACKSON			STATE
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTORSOL	LEVINS	ON &	BROS	1.00		250 DATE	REC'D. BY REGISTRAL	25h GISTR	RAR'S SIGNA	URE
(VRA 15, 4)	0	010 REISTERS	TOWN RD	. BA	LITMORE,	MD.	(21215)	LE	1 4 4 100	1000	7	

STATE OF MARYLAND

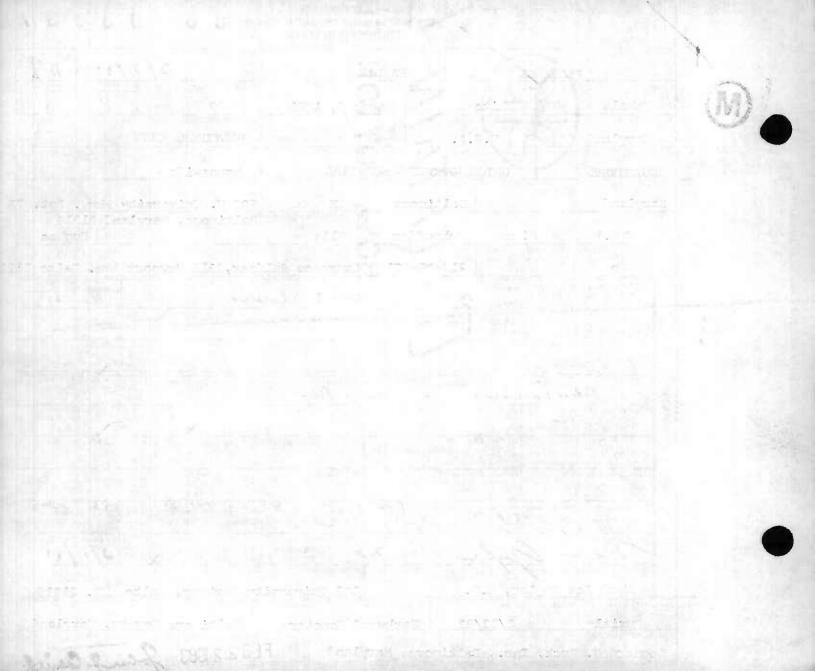
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

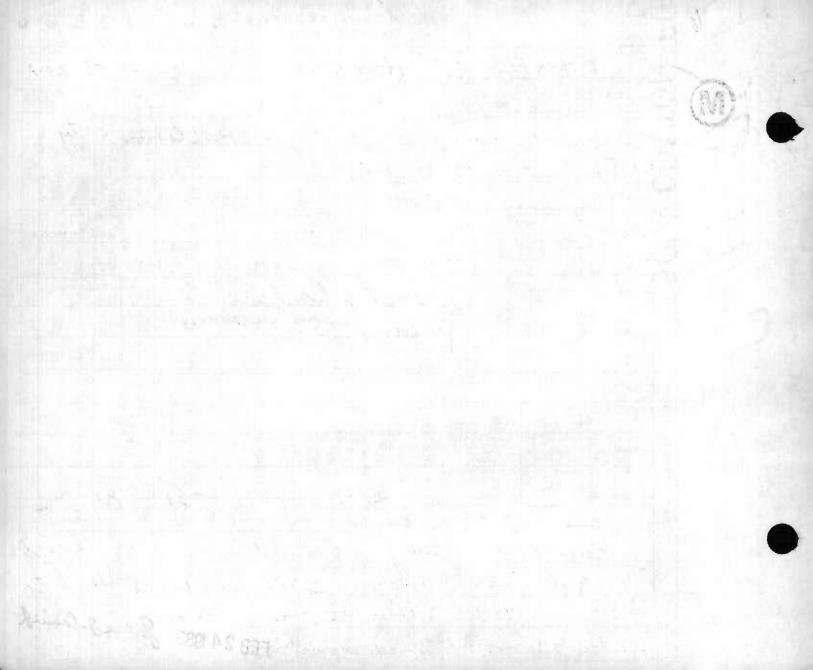
FOR STATE REGISTRAR



FLORENCE HANDLSTATE OF MARYLAND



V	1.	STATE REGISTRAR		DEFA		CATE OF DEATH	REG.	NO.	3 0	, 3 0
ф ф		CEASED NAME FIRS	Rles	MIDDLE L	1+A	V KiNC	20 DATE OF DEATH		183	26 HOUR
4 moy k	3 SE	(4. RACE		5 DATE C		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	2 100	Male	Bla		10	2 2 2 6		6 YRS	MONTHS DAYS	HOURS MIN.
deorth. Page		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF		MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	tu
er de		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU		DIVORCED [12a USUAL OCCUP			MD.
by the filed the		(ty	Bon :		s Hosp	ital	(TYPE OF WORK FOR MO!	ST OF WORKING LIFE	INDUSTRY	
24 hou 24 hou ould be ould be		at RESIDENCE (IF NURSING HE STATE 136.	ME OR OTHER INSTITUTION COUNTY	Balti		13d INSIDE CITY LIMITS?	13e. STREET ADDRES	s oth Si	treet?	1223
orthun 2 sho		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		.16622	1223
omple omple		James		Hank	ins,Sr	. Mary	MIDDLE		Jeff	erson
n ond co		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)		ECURITY NO.	17 INFORMANT		DRESS		
- O vi O						Mary M. H	all 3804	Bylelo		MATE INTERVAL ONSET AND DEATH
physici on poper emovol.		PART I. DE ATH WAS C.	rer only one couse per AUSED BY: EDIATE CAUSE (0)	Pine for (b), (b)	enal	Societ	uns		BETWEEN O	ONSET AND DEATH
th ce corbin	7	4860		R AS A CONSE	QUENCE OF	nephros	clerose	'9		
e deor		Conditions, if any, which		pn	lum	oni a				
that the by the cose reconstruction of the cost		couse (a), stating the underlying couse los		R AS A CONSE	QUENCE OF					
quires signed Then pla to buria	N C	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	31
The law relation. The has been sit permit. I grene prior	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
NN hys		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCL	IRRED (ENTER NATURE OF IT	NJURY IN ITEM 18 PA	RT I OR PART 2)	
HYSICIA adring p as certif buriol-ti Mentol or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	MINER) P.	M. OF INJURY	19	211 LOCATION				
G PH offenser the s the k ond i	ME	WHILE NOT WHILE CAT WORK	LAT HOME ST	REET FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OF	town	COUNTY	STATE
NDIN I or II Use or Use or II Heolth		22a. I certify that (1) (this	hospitali attended M		_	0/ 19.8	3 , to	2/	903.1	that (I) (we) lost
ATTE ospite ECTO d for it. of h		sow the deceased alia above, (I) (was tale) (d	ve on 22		0 -	that in (my) (aur) opinio	n death occurred on the	date and hour		
the hosp the hosp to DIREC to Directly the Dept.		22b. SIGNATURE	u yer	THU	un	ATTENDING PHYSICIAN	MEDICAL ST	TAFF	22c DATE S	SIGNED
HOSPITAL med by th FUNERAL uld be deto the Stote ORTANT: If		22d PHYSICIAN'S NAME (TYPE OR PRINT	PA	0	22e ADDRESS	DIRECTOR PHY	SICIAN	1	1/83
TO HOSPITAL efformed by 1 TO FUNERAL should be de with the Store		KUAN	7- YEA	HU	ANG	BON	Ille	uns	HOS	pila
BP		URIAN, CREMATION, REMO SPEBURIAL	2/26/		3c NAME OF CI	METERY OR CREMATORY Hill Cem.	Baltim	ore	COUNTY	a wai A
DHMH-16 50M 1/81	24 FL	INERAL DIRECTOR		,		25a D.	ATE REC'D. BY RECISTA	MA 25b. REGISTR	ARS SI CVATI	URE
(VRA 15, 4)	Wr	n.C.March F	/H Inc.]	101 E	North	Avenue	FEB 24 198	0		



West 1st and the same of the same of the same of the DHIJIMSE AUUF ENEC 28-32-29 Min Karleh HERRIKKERKERKER CHEST LAND THE PARTY OF THE PARTY OF

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR

17h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 632 QUEENSGATE ROAD, 21229 ELDER 632 QUEENSGATE ROAD, 21229 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAY DISEASE OR CONDITION GIVEN IN PART 11:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated THE DATE SIGNED VEALE CREEK CEMETERY WASHINGTON DAVIESS INDIANA 03-01-83 BURIAL 24 FUNERAL DIRECTOR BALTIMORE, MD. 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOL

IF LINDER 24 HRS

26

83

IF UNDER 1 YEAR

	AND THE R		37 29	
		.n.s.ih	MAJOR	15,
	108010 ,01	Englished 199	indiadani	
restration management			a wayay	
r, ilson provensiji i kre i atoo.	er .a Except (PC-7-12-2-		
				8
			Town West of	
EVE, MON.	EX SELO LOSS			
The street was the second of t	4-4-1	07-11-66 7506 	-3 (12	

AND THE PART OF TH

ChApe LADDRESS

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

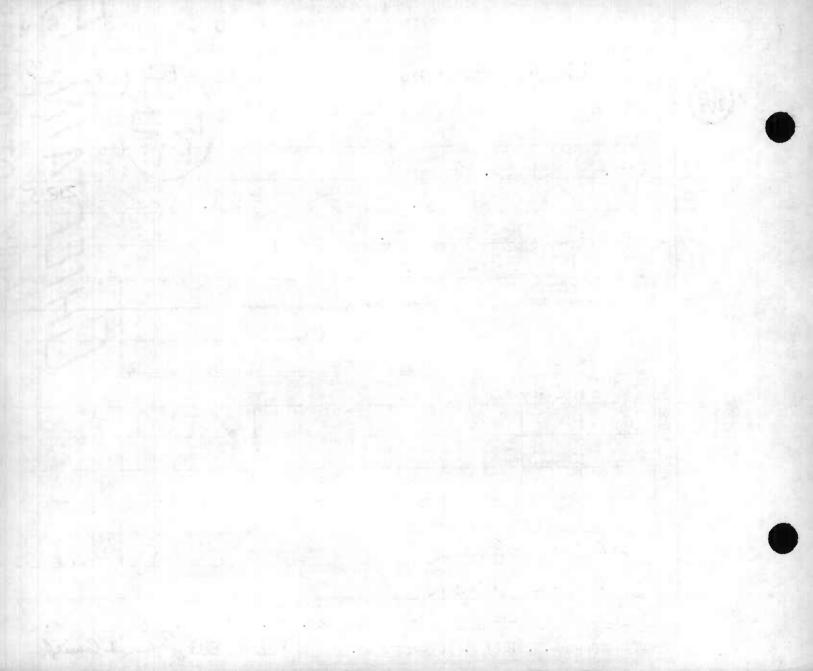
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

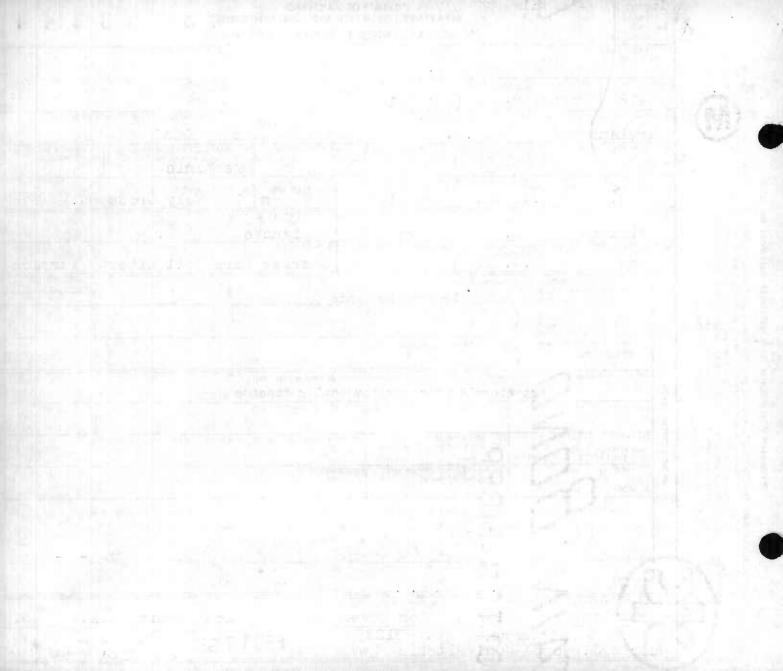
REG NO

was the state of the same of t Chestee the A A The Control of the Landson AND STATE OF THE WORLD BY THE BROKE SHOP IN THE OF THE BROKES AND A BROKESTED Md Conduct Live of Lower Electronic State Control of the ELABART SELECTION OF SELECTION AS A Add Same 273-37- 1961 THE STORY IN PROPERTY AS ALECTE Later mention to the first of the first that the second of - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	-	FOR STATE REGISTRAR				DICAL E	XAMIN	ER'S C			-	TH	REC	G. NO.	0	C	4	4
		OR PRINT)		ster		MIGDLE.			ast are			OF	KNOW ESTI- MATE	W.	2	11	83	2b. HOL
7 3	SEX	Male	4. RACE Whi	5. D	ATE OF BIRTH	YEAR 921	LAST BIRTHDA	MONTHS		UNDER 2		RONOU DEA	NCED	MČ	2	1 1	YEAR 83	12:
14	7a BIF	RTHPLACE (S REIGN COUNTRY) LTVLan	TATE OR		U.S.A	IAT COUNT		9	D NEVE	R MARRIE				more		Y OF D	EATH	P
79	10 CI1	1 timor	OF DEATH		NAME OF HOS	PITAL, NUR		OR OTHE	R INSTITUTION	NC	120 USU FOR M	AL OCC	JPATION ORKING LIFE	TYPE OF W		126. KIN	ND OF BU R INDUSTR	SINESS EY
	USUA 130. ST		186	OUNTY A.A.	CO .	13c CITY C	efore admission town oklyr		3d. INSIDE CITY YES 🔲	LIMITS?	708	ET ADDR	ess ly	Cros	38	Rd.	(212	225)
		THER'S NAME FIRST Willi	am	MIC I		На	re		15. MOTHER' FRS B1 8	anch			MIDGLE L.	RESS		ι	LAST	
1	YE (YE	Yes	D EVER IN U.S (IF YES,	GIVE WARD	R DATES)	16b. SOCI	AL SECURITY	NO.	Char		Har	e 56			ert	у	Terr	ace
	NO	gave ri cause (a lying cau		diate nder-	(b)	OUT NOT RELATE	ED TO THE TERMI	NAL DISEASE										
	MEDICAL CERTIFICATION	19s. DATE OF	OPERATION				HICH OPER										UTOPSY?	
3	CAL CER	UNDERLYING	AL CAUSE WAS OR NG CAUSE		21b. TIME OF HOUR A.M H P.M		DAY YEAR		W INJURY O	CCURRED	(ENTER N	ATURE OF I	NJURY IN IT	EM 18 PART 1	OR PAR	RT 2]		
	MEDI	WHILE AT WORK	NOT WHILE AT WORK		21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC		21f LOC	ATION			CITY OR T	OWN		cou	YIMIY		STATE
н																		
2		220 certi death result ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI	fy that I took of ed front in the NAME	Notural ca	S F. Smy	Arkident My			Hamicid TITLE (SPE ASS I S	cury) stant 11 Pe	MEDI	Inquir CAL EXA	MINER	and in			12-83	3



2/9/83

Wm.C.March F/H Inc. 1101 E. North Avenue

FOR

- STATE

REGISTRAR

BURTAL

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Baltimore Cem.

REG. NO

DAY

1983

IF UNDER 1 YEAR

INDUSTRY

Hurtt

YES [

Baltimore

25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

2b. HOUR

176 KIND OF BUSINESS OR

5 MINUTE.

NO [

STATE

Md.

3:25

IF UNDER 24 HRS

William Carlo In More as a first the Itimore vem. Daicimore

ADDRESS

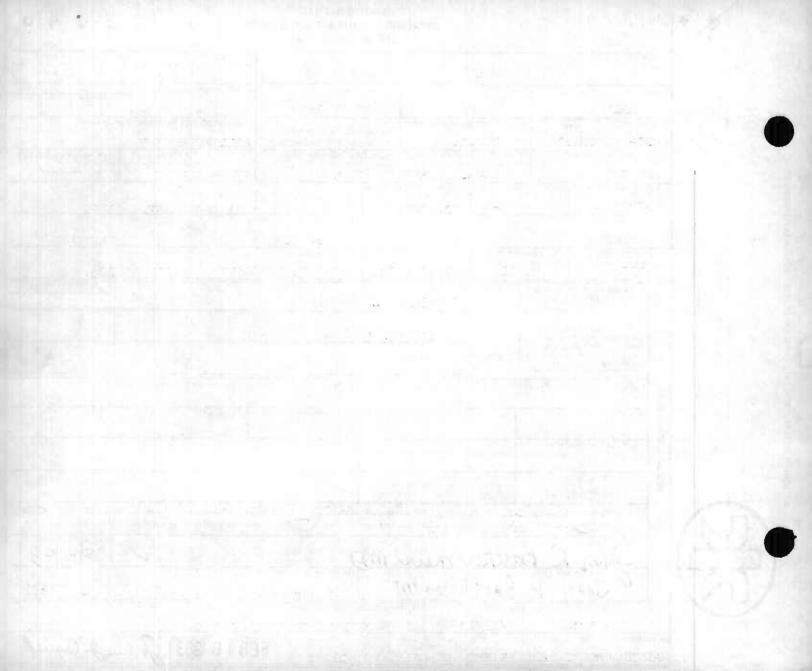
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

DHMH - 16 50M 4/B2

(VRA 15,24)



Herby selected X in 1995 The retries Large 14th House Above age BROWNEE X KIN BOOKING SHOOT BURNE PLANS ME ALLER GARANY MEDICAL STREET SHOW HE WAS STORY STREET in by the funeral director, page 3 e filed within 72 haurs after death

moy be

STATE OF MARYLAND

5	1	- 12	
6	3	4	

FOR STATE REGIS					ATE OF D	IENTAL HYG		G. NO.	1 5 8	4
1. DECEASED	1	y Hamilto		LAST			Februar	H MONTH	DAY YEAR 1983	26 HOUR 5 P
3 SEX Mal		4 RACE White		S. DATE OF	BIRTH 25	Ö4	6. AGE (IN YEARS LA	4	IF UNDER 1 YEAR	H UNDER 24
Virg	CE (STATE OR FOREIGN	U.S.A.		WIDOWED [ORCED	9 BALTIMORE CIT	one (i		
Bala	OWN OF DEATH	505 S.	SPITAL, NURSING CILITY, GIVE STREET AD Rappola	OPESS)		TUTION		PATION DST OF WORKING	LIFE) 12b. KIND OF INDUSTRY, Beth	20.0
Mary	land 136 CC	E OR OTHER INSTITUTION GIV DUNTY 13:	Baltimon	e	CENT	NO 🗌	13e STREET ADDRE	SS	a Street	2122
00	FIRST		Harlow		F	MAIDEN NAM	MIDD		LAST	1
	R UNKNOWN) (IF YES,	ARMED FORCES? [16]	217-07-1	237	Eliza		. Harlow	505 S.	Rappola	Sto
gove couse under	rise to immediate 101, stating the lying couse last 2 OTHER SIGNIFICAN	DUE TO, OR A	S A CONSEQUEN		OT RELATED	TO THE TERMI	NAL DISEASE OF C	ONDITION	IVEN IN PART 1:5	
NO L	TE OF OPERATION		n for which o				200 AUTOPSY?	20b IF Y	ES, WERE FINDIN	
OR CON	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF HER NOTIFY MEDICAL EXAME	DEATH HOUR A.M.	MONTH DAY	YEAR	16 HOW INJ	URY OCCURR	ED (ENTER NATURE OF			NO []
ZId IN	JURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE FAR		II LOCATIO STREET	N	CITY	OR TOWN	COUNTY	STA
501	w the deceased alive	on 2 on not) view the body often	1983	7/20) that in (my) (., 19 <u>\$7</u>	to 2/1	7 ne date and h		hot (1) (a) ouses state
7	payle &	· del	16	M	GREE AT	TENDING HYSICIAN		STAFF YSICIAN []	22c DAJE S	IGNED
Je	SEDA B	1 BE	BTOL	11)	2e. ADDRESS	8 VBA	N15 5+	-Bale	lux ma	02/
13m BURIAL (SPECIFY)	CREMATION, REMOV	23b. DATE	1/	ME OF CEN	ETERY OR C		23d LOCATION	ne .	chon	374

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the hospital or offending physicio

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion on a should be detached for use as the burial-transit permit. Then please remove carbon papers. Page, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

24 FUNERAL DIRECTOR

harles S. Zeiler & Son Inc. 6224 Eastern

lover her the descent straight 1752 51. midding a fit of the sole winest the felicial felicial felicial Carrier - Indicate x 2729 -1-07-1297 inside . whom it . woods is. surject 2-21-13 lount james jam. socione just, the inches. Toiler I van no. 1221 Colon vo. FIR 23 top: " E. M. Pais, C. - STATE

TYPE OF PRINTS

BP

DHMH - 16 50M 4/B2

(VRA 15, 4)

I. DECEASED NAME

REGISTRAR

FIRST

12b. KIND OF BUSINESS OR Bottle Shop Carling Brewery 623 S. Warwick Road 21229 Blizzard ADDRESS Mary V. Harman 623 S. Warwick Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE VULMONARY EDEMA, ACUTE MYOCARDIA METASTATIC MALIGNANT LYMPHOMA, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED NAV. MD21229 (SPECIFY) E1kridge Mary land Meadowridge Mem. Pk. Howard 2/24/83 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 2507 REGISTRAR'S SIGNATURE 21229 FEB Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

05

IF UNDER 24 HRS

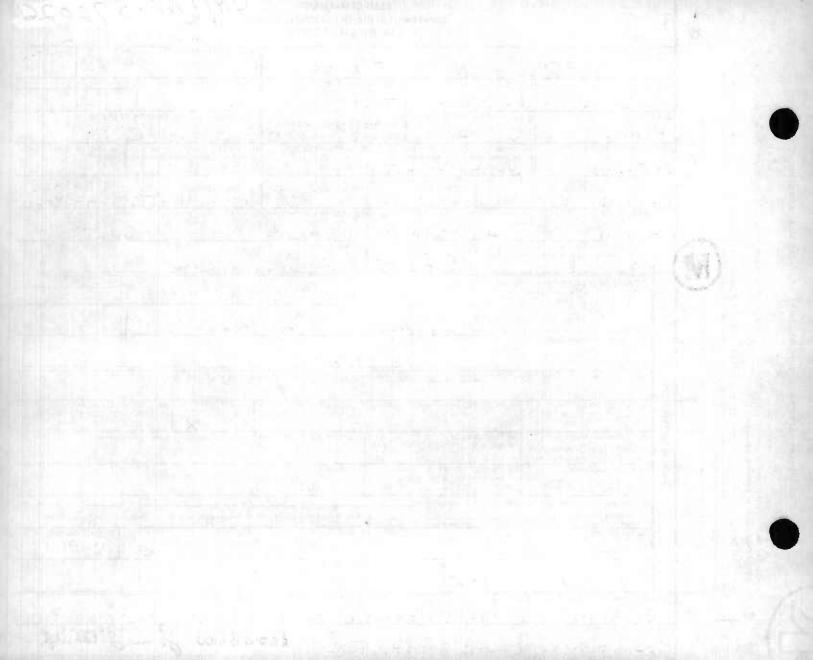
IF UNDER 1 YEAR

2a. DATE OF DEATH

THE RESERVE THE PARTY OF THE PA The property services in the A I Wales to Dank To Editional Campai Markey Second Street William Control of the Control

6	1.	FOR STATE REGISTRAR			IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 👸 🔾	3 5 5	
page 3	1. DE	CEASED NAME FIRST	NEE E	. H	ALNER	20. DATE OF DEATH	02 09 83 9:50	PN
ofte,	3. SE	FEMALE	4. RACE WHITE	S. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A	HRS MIN.
thin 72 hours	20. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY? 8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH	MD
filed with	0	ATTIMORE		PITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS) HOSPITA	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	ON F WORKING LIFE) 126, KIND OF BUSINESS INDUSTRY	o OR
filled in could be in	130.	AL RESIDENCE (IF NURSING HO STATE 136 C	OUNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN INTERMEDIAL	13d. INSIDE CITY LIMITS? YES NO D	130. STREET ADDRESS	HITEMARSH ROF	1
Ogodo 2 st	14. F	ATHER'S NAME	MIDDLE	TINGER	SALLIE	WIDDLE	SALTILER	1
M		VAS DECEASED EVER IN U.S.	S. ARMED FORCES?	18 16 5505	FAMIL	M RECORD		
signed by the attending then please remove cortion to burial, cremation, ar- ijury, or other traumation	NC	Conditions, if any, whice gave rise to immediate cause iol, stating the underlying cause los	h (b) <u>Pay</u> e due to, or as (c)	A CONSEQUENCE OF	ymphoma.	pheymonif,	DITION GIVEN IN PART 110	
re has been rait permit. I rependent prior shows ony in	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	?
the burial-transi and Mental Hygi ked or Item 18 sh		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF I	NJURY FACTORY, OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TO	wn county stat	TE
AL DIRECTOR: Are etoched for use as te Dept. of Health I: If Item 21 is mort		220.1 certify that (1) (this is saw the deceased alivabave, (1) (we) (did) (did) 22b. SIGNATURE		19	DEGREE ATTENDING	MEDICAL STAF	19, that (I) (we) ste and hour and from the causes state 221. DATE SIGNED 02 - 09 - 8 3	ed
should be deto		22d. PHYSICIAN'S NAME (TYPE OR PRINT) WISTE	Z	Sinai Hospils		imove.	
0 % § M	230	BURIAL, CREMATION, REMO (SPECIFY)	FEB.14	1983 GARD	EMETERY OR CREMATORY	LOCATION CITY OF TOWN	BALTIMORE DE	D.
16 50M 4/82	24. F	UNERAL DIRECTOR	101 (1100)	ADDRESS W	E RO "F	BRE 3 1983 TRAN	To La Laborature	

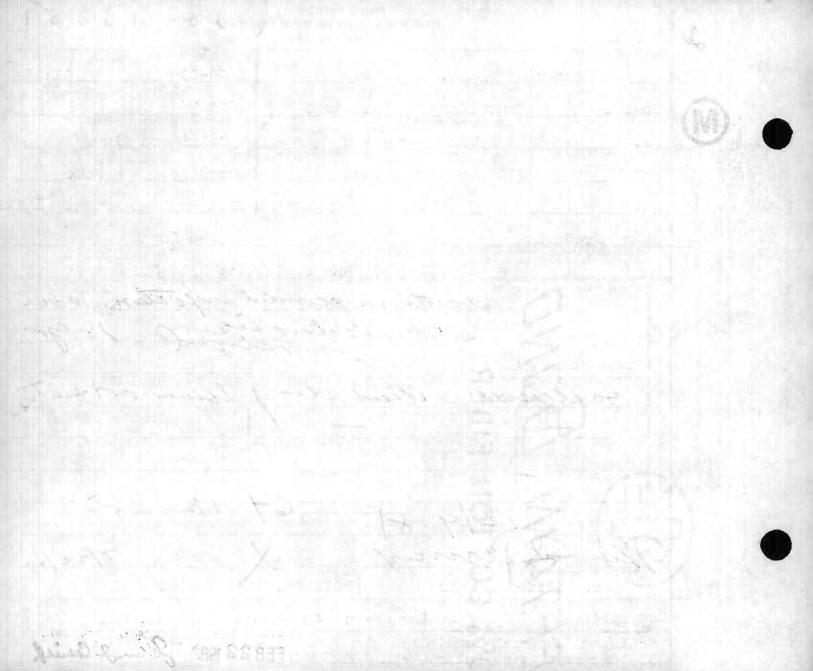
STATE OF MARYLAND



21213

3331 Brehms Lane, Balto., Md.

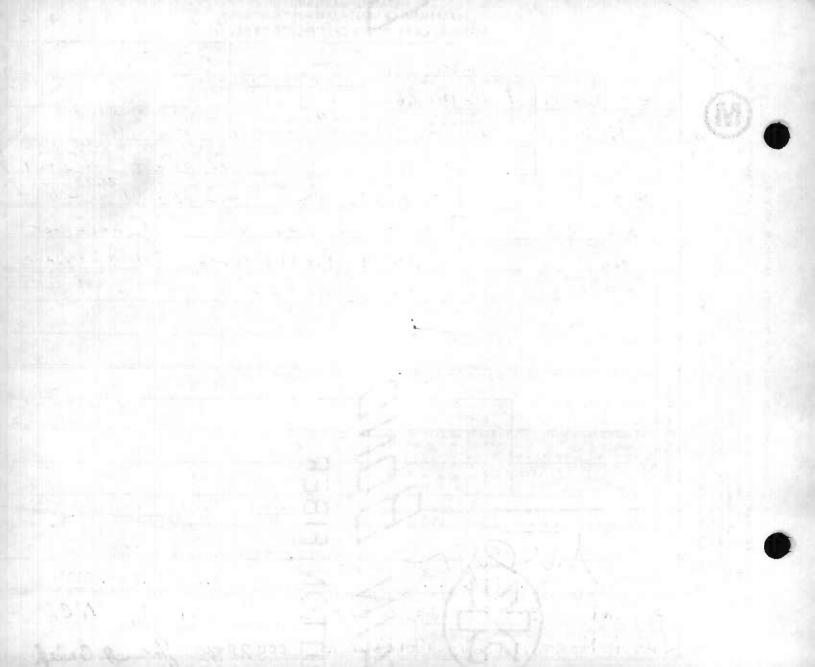
STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (X) MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Marie HELEN HARPER 19 83 6. AGE (IN YEARS 4. RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE PRONOUNCED 66 DEAD ack 19 83 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF NEVER MARRIED MARRIED DIVORCED WIDOWED 176 KIND OF BUSINESS III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Raltimore Agnes Hospital 30 STATE 13h COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 166. SOCIAL SECURITY NO ADDRESS MAS DECEASED EVER IN U.S. DIVISION TYES NO OR LINKNOWNS 701 239.18-1531 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 3 SHOULD BE L DEPARTMENT C PRIOR TO BUR 216. TIME OF INJURY 71a EXTERNAL CAUSE WAS 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 Inspection X 220. I certify that I took charge of the remains described above, held an death resulted fram: Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED. 2-26-83 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Dixoh. (TYPE OR PRINT) 234 NAME OF CEMETERY OR CREMATORY 230.BURIAL, CREMATION, REMOVAL 236. DATE STATE Cam 15 Apt 4/101 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND



EB EL S	Todasat		Printle
	1 10	232164	alom
Naltknore City	a design	ACI	Penn
retired incress in	s i i i	deltimore alty ho	Bellimore
V.II. BERKONALI	x	o cala	Mary Land
	clades	rener H	1 i u a c
ACCE STA MODELLE ALCCE ST	annis marons	(SC 01 181	
Tellamore 110	COURT	3 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	luri.1

Aller mores i loss cuent avenue 212

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

						STAT	E OF MARYLAN	ND D		. 700	100	2 49	. 15
	1.	FOR STATE			DEPART		HEALTH AND MI		IENE 👸 🔾	U	3 0	3	44
		REGISTRAR					FICATE OF DE	AIH	REG. N	10.			
-		CEASED NAME	FIRST		MIDDLE	11.	LAST		20. DATE OF DEATH		AY YEAR	25 HOU	R
		· · · · · · · · · · · · · · · · · · ·	St 3	aket	h	Har	les				6 83		P-M
1	3. SE	7	91	RACE		S. DATE	OF BIRTH H DAY	YEAR	6. AGE (IN YEARS LAST BI	_	ONTHS DAYS	HOURS	24 HRS MIN.
)	emale		Black		5	18	00	82	YRS.			
20		RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVERMA	ARRIED -	9. BALTIMORE CITY	DR COUNTY	OF DEATH		
2		Md.		U.S.		WIDOW		ORCED	Balto. Ci				MD.
11	10. C	TY OR TOWN OF DEA	TH		HOSPITAL, NURS II		OR OTHER INSTIT	IUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND C	F BUSINE	SS OR
10		Balto.			eran Hos				(patient)				
576	13a S	_	136 COUNT	THER INSTITUTION,	13c. CITY OR TOV		134 INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS				
2		Md.			Balto.			40 🗆	2925 Aru	nah Ave	e. :	21216	5
00	14. FA	ATHER'S NAME FIRST	м	IDDLE	LAST			RST	MIDDLE		LAS	51	
00					1			rancis					
	0	VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SEC		17. INFORMAN		ADDR	10.	12 Rux	ton A	ive.
		No			243-46-7	534	Mrs. W	latson	Balto.	, Md.			
		18 CAUSE OF DEATH PART I. DEATH W.	(Enter only	one couse per	line for (a), (b), or	nd (c).)	0				BETWEEN	IMATE INTER	DEATH
))	13			CAUSE (o)		11	1-						
É	10	4200		DUE TO, O	R AS A CONSEOU	IENCE OF							
		Conditions, if ony,		(b)_									
		cause (a), stating	g the	DUE TO, O	R AS A CONSEOU	IENCE OF							
5				(c)_									
	Z	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS <u>Co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART I	0)	
	CERTIFICATION	19a DATE OF OPERAT	ION	10h COND	ITION FOR WHICH	OPERATIO	N WAS DEDECTE	AAED	20a. AUTOPSY?	120h JE YES	WERE FINDIN	JGS LISET	
9	IFIC.			17.0.001.0	THOUSE ON THE	· Or Elizatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ING CAUSES		H?
-	ERT	71a. ACCIDENT WAS UND	ERLYING	216. TIME O	of INJURY	-	Izic HOW INJU	JRY OCCURR	YES NO			NO [
9		OR CONTRIBUTING C			M. MONTH D								
/	MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e. PLACE		19	21f LOCATION	1					
	ME	WHILE NOT WHI	K	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TO)WN	COUNTY	51	STATE
	139	22a.1 certify that H	(this haspita	l) attended th	- /	02	-13	19_3		-26,1		that II (w	
4		saw the decease above, (1) (we) (d	d alive an _ id) (did not)	view the body	ofter deoth.	δ <u>3</u>		our) opinion o	death occurred on the a	ate and hour	ond from the	couses sta	ated
	14	22h SIGNATURE	6	21	1		DEGREE	TENDING	MEDICAL STA	cc	22c. DATE	SIGNED	7
		160	/	The		0.10	PH	YSICIAN [CIAN D	12/2	6/0)	7
		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)	08/6		220. ADDRESS	In si	were 1	Los n	usil	7	
	22- 0	2/30		7 1	00/0	NAME OF			Introduction	/ - /			
	230. E	SURIAL, CREMATION, I	_	23b. DATE		NAME OF (CEMETERY OR CR	REMATORY	23d. LOCATION		COUNTY	5	TATE
3 - 6		Remova	1	3/1/8	33								

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

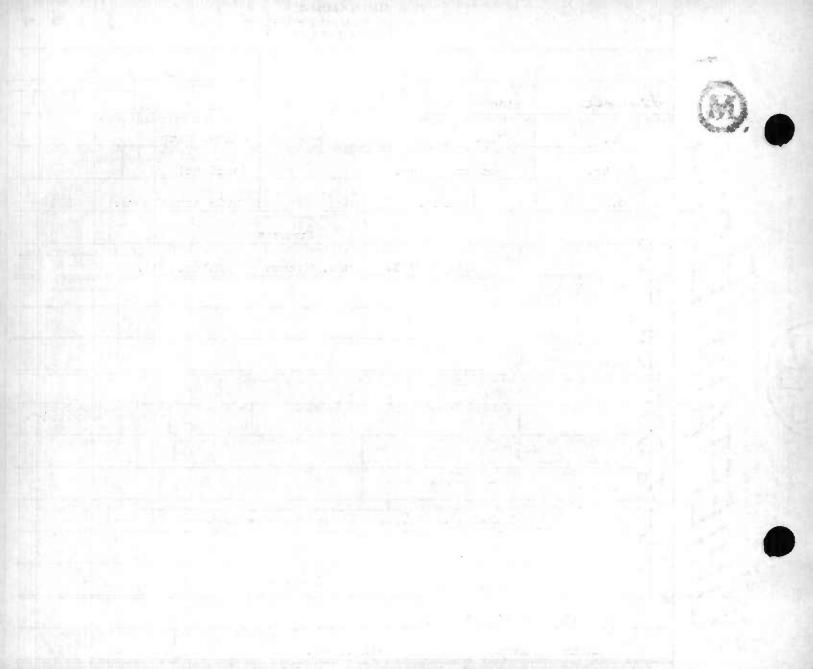
Anatomy Board

24. FUNERAL DIRECTOR

ADDRESS Doll

Balto., Md.

210 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



Wm. C. March F/H Inc. 1101 E. North Ave.

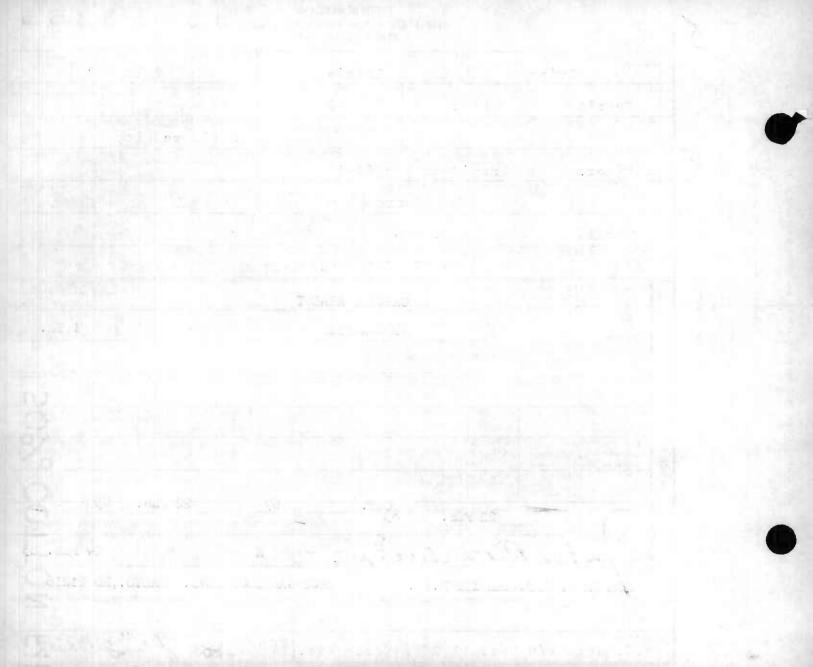
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

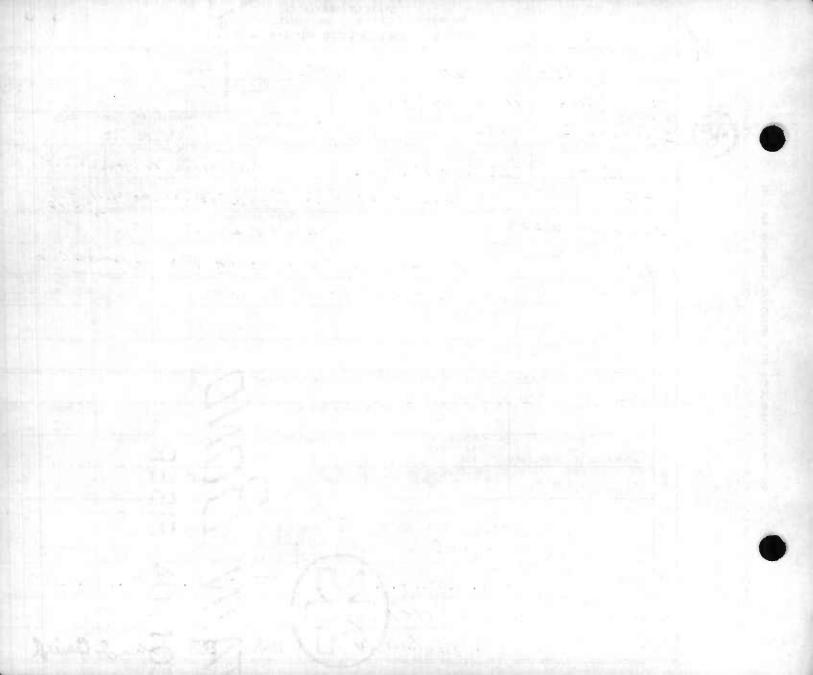
FOR

- STATE

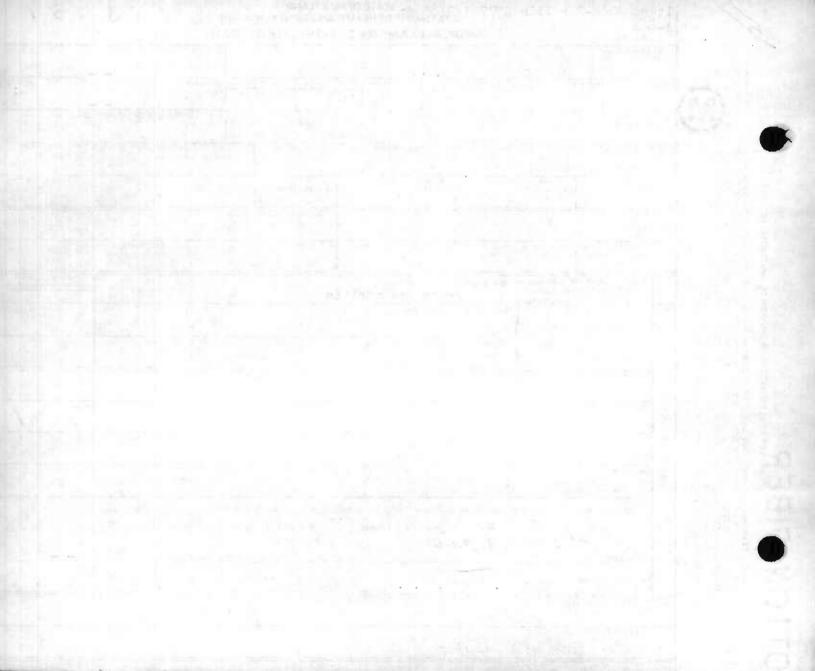
(VRA 15, 4)



1-	FOR STATE REGISTRAR			STATI ARTMENT OF H AL EXAMINE		MENTAL HYGI	EATH	() 3 REG. NO.	8 5	6
2848E	ECEASED NAME PE OR PRINT)	John	المنا		Harris		20 DATE KNO OF ES DEATH MA	TED 2/2	24/83,	2b. HOUR
OUR FILE	1 8/4	MONTH	3 2	S SY YRS		HOURS MIN	PRONOUNCED DE AD	2/0	24/83,9	28H2418
は 金属 本 イノン	SIRTHPLACE (STATE OR OREIGN COUNTRY)	GA: 18	ZEN OF WHAT		MARRIED 💋 N	EVER MARRIED [Balti	more Cit	ty	MD
O CONTRACT	Baltimor	e 35	11 Winds		d.		USUAL OCCUPATION FOR MOST OF WORKING	ON (TYPE OF WORK LIFE) CO VSTR	12b. KIND OF B OR INDUS	USINESS TRY
TOUID DISO	STATE	URSING HOME OR OTHER IN	ASTITUTION, GIVE RES	CITY OR TOWN		CITY LIMITS? 13e.	STREET ADDRESS	user 4	III Rd	
2011	ATHER'S NAME ARTHUR	LI A NOSE	15	LAST	is. Moth	FIRST WEY	WILL KS MIDDLE		LAST	
	WAS DECEASED EVEL YES, NO, OR UNKNOWN)	R IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA	TEST	SOCIAL SECURITY	83 (N)	RMANT	oas 820	CNAUN	resy Av	5
CREMATION, OR REMOVAL	Conditions, if gove rise to couse (a) storm lying couse last	ony, which immediate ig the under-	(b)		: AL OISEASE OR CONDITI		5			
DEPARTMENT OF HEALTH IN PRIGHT OF HEALTH IN PRIGHT OF BURIAL, CREA MEDICAL CERTIFICATION	210. EXTERNAL CAL	OR	PID. TIME OF INJU HOUR A.M. MC	JRY DNTH DAY YEAR			HTER MATURE OF INJURY II	N ITEM 18 PART 1 OR P	20 AUTOPSY YES X	NO []
2 -	CONTRIBUTING [21d. INJURY OCCUPATION OF AT WORK AT WORK]	RRED	P.M. PLACE OF IN STREET, FACTORY, F		21f LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
MORE, MARYLAND, 213	death resulted from	115	X. Acci	dent , Suic	TITLE ((SPECIFY)	Inquiry Indetermined manner	R DATE	2/24/8	
OF A STEE	EXAMINER'S NAME (TYPE OR PRINT)	PEMOVAL 123h DATE		ard, M.D.	ADDRESS.		Penn St.,			20 I
-	EUNERAL DIRECTOR	41	8/13 6308557	5./mov.				Sh Di GISTRAR'S		1



	REGISTRAR CEASED NAME FIRS		DICAL EXAMINER'S	LAST LAST	20. DATE KNOWN A MONTH	DAY YEAR 25 HOUR
(1)		neeck	(D.) Shimere		OF ESTI-	-3- 19 83 A
. SE	F ARACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MC YRS.	UNDER 1 YR. IF UNDER 24 H	PRONOUNCED DEAD 2-	-3- 19 83 DM
	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WE	MA	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY BALTIMORE CITY	NTY OF DEATH
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NURSING HOME, OR C CILITY, GIVE STREET ADDRESS)	THER INSTITUTION 120	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
SU. 30. S	Baltimore ALRESIDENCE (IF IN NURSING HI DIATE MD 130 9	ME OR OTHER INSTITUTION, GROUNTY	Lafavette Ave ve residence before admission) 13c. CITY OR TOWN Baltimore		STREET ADDRESS 42 W. Lafayett	21217 te Ave.
	ATHER'S NAME Willie	MIDDLE	Harris	15 MOTHER'S MAIDEN N. Paula	AME MIDDLE	Watson
	WAS DECEASED EVER IN U.S. YES, NO, OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	Paula Wat	son 542 W. La:	fayette
7	18 CAUSE OF DEATH (Enter PART DEATH WAS CAUSE OF Conditions, if any, we gove rise to immediately accessed (a) stating the unit of the state of the course (a) stating the unit of the course (a) stating the unit of the state of the course (b) stating the unit of the course (b) state of the course (b) state of the course (c) state of the cou	DIATE CAUSE (o) DUE TO, OR hich (b)	for (a), (b), and (c).) Acute Pneumoni AS A CONSEQUENCE OF	tis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	lying couse last.	(c)	BUT NOT RELATED TO THE TERMINAL OIS		a).	La vivassia
	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
RTIFICATION						YES XX NO
MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WA UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE	S 21b. TIME OF HOUR A.M OF DEATH P.M	FINJURY L. MONTH DAY YEAR		NTER NATURE OF INJURY IN ITEM 18 PART 1 OR F	YES XX NO
MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	S 21b. TIME OF HOUR A.M OF DEATH P.M	FINJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, ODRY, FARM, ETC.)	HOW INJURY OCCURRED (ELLOCATION STREET	Inquiry , and in my andetermined manner ,	YES XX NO D
MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I taok of death resulted from: / It ACTUAL SIGNATURE	S 215. TIME OF HOUR A.M OF DEATH P.M 21e PLACE C STREET, FACT	FINJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, 17) FORY, FARM, ETC.) Accident Suicide	HOW INJURY OCCURRED (EI LOCATION STREET Lapsy	Inquiry , and in my andetermined manner ,	YES XX NO D



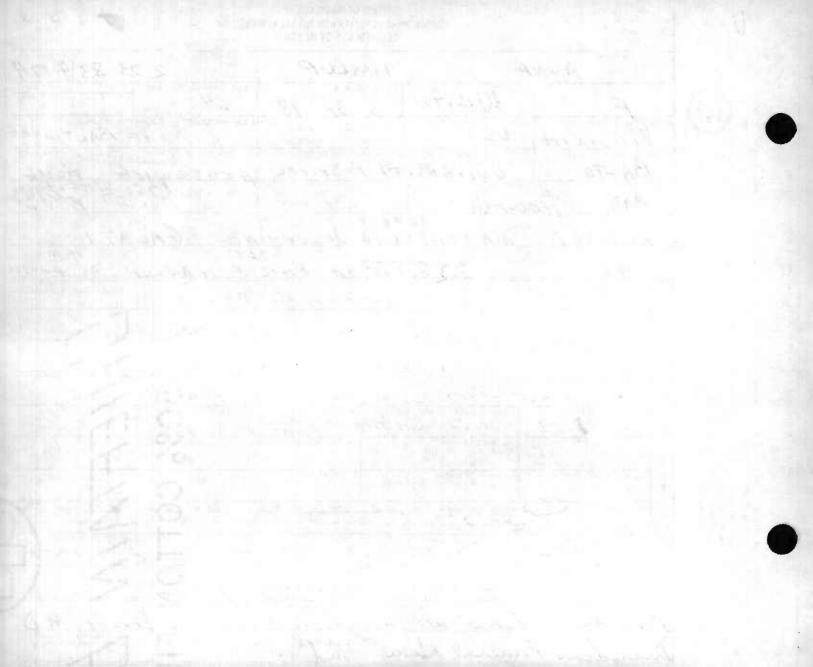
4		1.	FOR STATE			DEPARTA	ENT OF H	OF MARYLAND MEALTH AND MEALTH OF DE	ENTAL HYG	IENE 8 5	Ü	3 3	5 8
		1. DE	REGISTRAR CEASED NAME ORPRINT)	FIRST		WIDDLE		ST CATE OF DE	AIR	-		DAY YEAR	2b HOUR
page 3	18		DONA	14		1.	tarr.			Feb.	21	1983	10:00PM
4 mg		3. SE.	ale		White		S. DATE O	DAY 11	YEAR 35	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	HOURS MIN.
Page W)	100	RTHPLACE (STATE OR FO		LITIZEN OF	WHAT COUNTRY?		NEVER MA	ARRIED 🗆	Baltimore City OR COUNTY OF DEATH Baltimore City			
s ofter dec	31	10 C	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN HFACILITY, GIVE STREET, NOTE Cit	G HOME O	R OTHER INSTIT	ORCED	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Divartor	ION	12b. KIND OF	MD. F BUSINESS OR Veh
n 24 haur filled in hauld be	35	13a. S M	aryland	136 LOUN	other institution TY Cimore	GIVE RESIDENCE BEFORE			NO	817H ADDRESS	nagh	Rd. 2	1222
ampletely	examine)	THER'S NAME FIRST LeRoy		AIDDLE	Harriso			lache1	WIDDLE		Wilso	n 1222)
be execu	2		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	217-28-	1	Mary Mary		arrison 8			h Rd.
orres that the death certification of the attending phygened by the attending phybologic remove corbanion burial, cremation, or remain	njury, ar ather traumatic even	7	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which sediote g the lost.	DUE TO, OI (b) DUE TO, OI (c)	Cardia R AS A CONSEQUE MOSO! W R AS A CONSEQUE	NCE OF			Demory		N IN PART 100	
he law requan. an. has been si t permit. The	ws ony	CERTIFICATION	19a DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATION	N WAS PERFOR	MED	20a AUTOPSY? YES NO	20b IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
ZYOOT	Item 18 sho	MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	Ρ,	m. month da m.	Y YEAR			RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT I OR PART 2)	
offer this os the bit ond M	arked ar	WED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION		CITY OR TO	NWO	COUNTY	STATE
Spital or CTOR. A I for use of Heal	n 21 is m		22a.1 certify that (1) sow the decease above (11)(we) (d					d that in (my) (, 19 6. 3 our) apinion (deoth occurred on the d			that (1) (we) last couses stated
TAL OR , y the horal DIRE detached	LT. If hen		22b. SIGNATURE NAI	his			1	PI	TENDING HYSICIAN	MEDICAL STA DIRECTOR PHYSI		2/2 2/2	1 /83
TO HOSPITAL (retained by the TO FUNERAL I should be deto	MPORTAL		Brace	1 .	PRINT			Bal	tmi	on City	Ho.	gz	
BP	_	I	Burial, CREMATION,	REMOVAL	23b. DATE 2-25-		olly	METERY OR CE		23d LOCATION CITY OR TOWN		imore,	Md ^{rate}
DHMH - 16 50M 1/ (VRA 15, 4)	/81	24 F	uneral director assain F	uner	al Hom	e 7401	(21 Belai	.236) r Rd.	25a FE	B 2 5 1983	25 DECST	AR'STIGHAL	arely

				ruse (
			0.174		
	State of the state		. h	,	
	comments dayland	No. 150 en out	STATE	resonantes.	
MESSEY AND Majors				handye of	
TWO I IS	Intom	nost-conf.			
Ma requestrat it.	A Menzember . Creme b	120-05-718		an	
	Ten site	Contin			
x 2/34/88	Bolton ou City		17.00		
This produces Manager	Orse	Elon Enteren			

(VRA 15, 4)

0.611.62 lac solgane son incent atl: Jale Fial Control of alley Mem. Cockeysville, altc. Joyne. itchell-liectel.ce, inc. with, cilil

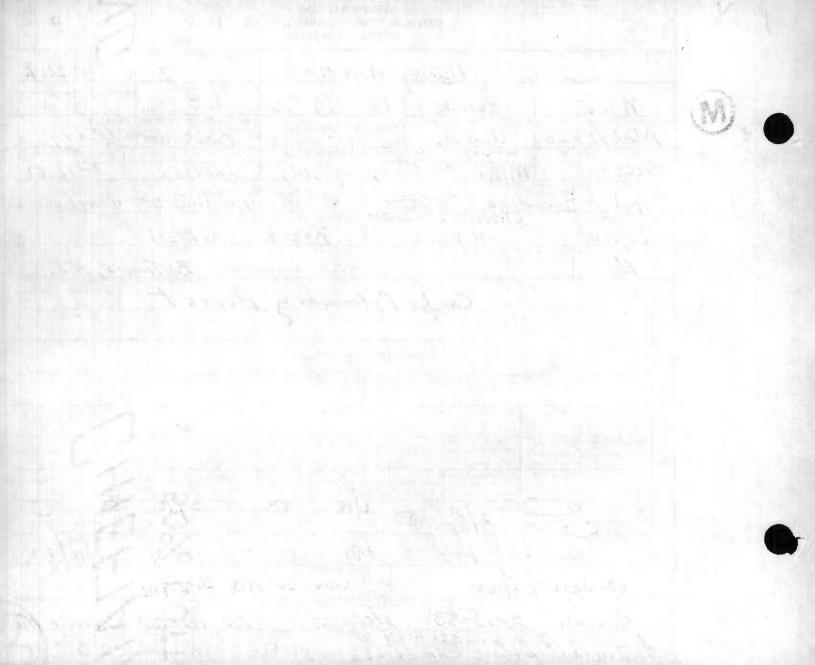
K	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 S	0 3 8	60
oy be age 3 deoth	1. DECEASED NAM (TYPE OR PRINT)	ANNA		15LUP		2 23 83	26. HOUR 4. 17 A
W 98 4 m	3. SEX	4. RACE	LITE S. DATE OF	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	YRS.	IF UNDER 24 HRS HOURS MIN.
deoth 157 133	70. BIRTHPLACE ()	WIA USA	MARRIE		9. BALTIMORE CITY OR C	OUNTY OF DEATH	TIMORE MO.
by the filled with	BAL	TO (IF NOT IN SUCH F	OSPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS) VERSITY	HOSP, TAC	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	FBUSINESS OR FOME
filled in could be	USUAL RESIDENCE	I IF NURSING HOME OR OTHER INSTITUTION, GI	VE RESIDENCE SEFORE ADMISSION) SECURITY OR TOWN SAVACE	13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS	7513 WAS	20753
ond 2 sh	14. FATHER'S NAME FIRST	ASI) MAZ	20763	15. MOTHER'S MAIDEN NA	MIDDLE MIDDLE	AL AT LAST	
Poges 1	160 WAS DECEASE		bb. SOCIAL SECURITY NO.	17. INFORMANT LO	DUES ADDRESS	SI CUED AS	AME
ow requires that the death certificate is been signed by the attending physic mit. Then please remove carbonpape prior to buriol, cremation, or removal. ony injury, or other traumatic event, th	gove rise cause (o), underlying	DUE TO, OR A if any, which to immediate stating the cause lost. ER SIGNIFICANT CONDITIONS CON OPERATION 196. CONDITION	AS A CONSEQUENCE OF ATTRAL STEEL STE	NOT RELATED TO THE TERM AREA THE INTERPOLATION IN WAS PERFORMED	DISEASE OR CONDIT	GITATION	GS USED
is certificate has burial-transit per Mental Hygiene or Item 18 shows	OR CONTRIBUTION	WAS UNDERLYING 216. TIME OF I	NJURY MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN	YES	NO [
After this ce e os the buric olth and Men morked or Ite	21d. INJURY C	CCURRED 21e. PLACE OF		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ERAL DIRECTOR: e detoched for us Stote Dept. of He ANT: If them 21 is:	220.1 certify sow the obove, (1 22b. SIGNATI	that (1) (his hospital) attended the addressed alive on 2 2 (we) (did) (did not) view the body of	19 <u>d 3</u> , or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the co	
TO FUNERA should be d with the Sto	230 BURIAL, CREMA	ATION, REMOVAL 236, DATE	PAC 5	Claner. EMETERY OR CREMATORY	1234 LOCATION	spitel	-
3P H - 16 50M 4/82	BURITAL DIRECTOR	TEB 25	1983 MEADO	WRIDGE M	CITY OR TOWN PALIC [E.REC'D. BY REGISTRAR 256	DORSEY REGISTRAR SOLIGINATION	M STATE
(VRA 15. 4)	Da NAME	Les tuners	ADDRESS .	The gar Mit	4K 3 1983 17	and and	my



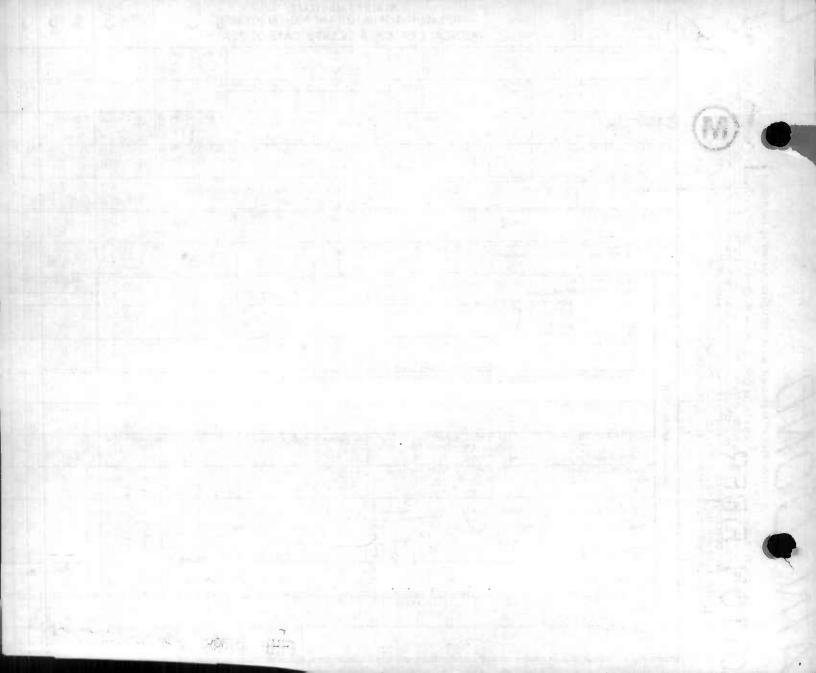
Y	1	FOR 5 STATE REGISTRAR			NENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. N		3 6 1
3 31	1. DE	JEFF	ERSON	MIDDLE	(H	YES) Haynes		2/26/83 YEAR	7:37A
	1.58	x male	4. RACE black		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN
4 (M)	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		R COUNTY OF DEATH	
by the filled with	10. C	ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, HOPKINS	G HOME O	ROTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST C		OF BUSINESS C
filled in nould be i	130.	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION OUNTY	Baltimor		134. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 926 N. Che	ester Street	21205
ond 2 st		ather's name Julius	MIDDLE	Haynes		IS MOTHER'S MAIDENNA Annie	WE	Johnse	AST
medicol		WAS DECEASED EVER IN U.S.	S. GIVE WAR OR DATES)	248-01-4		17. INFORMANT Mildred I. Ha	ynes 926 N.		reet
n. A vegumes that the object of the object o	CERTIFICATION	cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	nt conditions co	R AS A CONSEQUE	PEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
SICIAN: The ng physicio certificote briol-tronsit entol Hygie ltem 18 sho	MEDICAL CERTI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	YES	ио 🗆
ottendi ottendi frer this os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC J	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TO HOSPITAL OR ATTENDITAL OR ATTENDITAL OF TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heolt MAPORTANI: if them 21 is mo		220. I certify that (I) (this h sow the deceased alivabove, (I) (we) (did) (di 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	e on 2-2 d not) view the body N Neu	ofter death.	\ \ C	d that in (my) (our) opinion EGREE 1 D ATTENDING PHYSICIAN [22e. ADDRESS TOHNS	_ MEDICAL _ STAI	FF 226 DATE	E SIGNED
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23a.	BURIAL, CREMATION, REMO		23c. N	IAME OF CE	METERY OR CREMATORY MORIAL Park	Baltimore	e CO	Mariate
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR				25a. DAT		256. REGISTRAR'S SIGNA	TURE

MEN STATE A 2

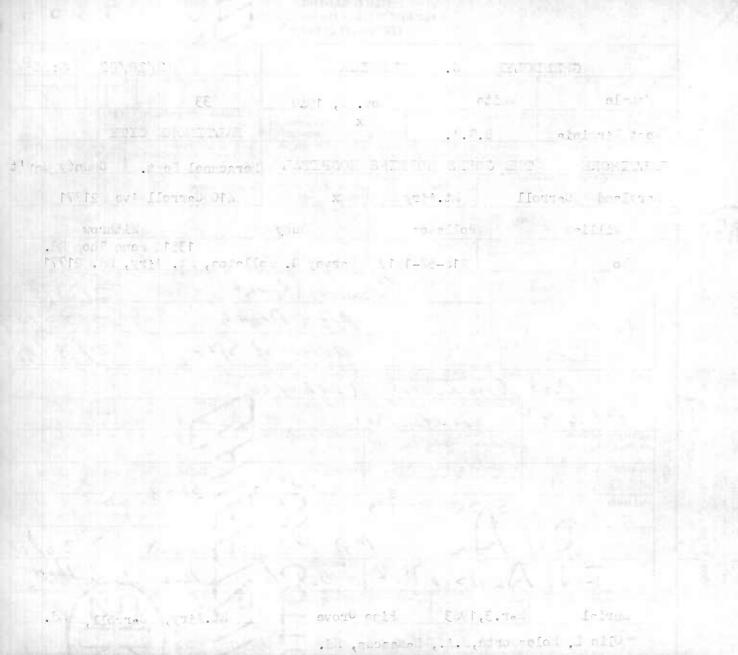
- 1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 0 3 6 2 - STATE CERTIFICATE OF DEATH
death a	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR PRED PRINT) LEWIS HENRY HAYNES 2 16 83 210 Am SEX 1. RACE 15. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 2 AMS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MONTES DAYS MININTER DAYS MONTES DAYS MONTES DAYS MONTES DAYS MININTER DAYS MININTER DAYS MONTES DAYS MININTER DAYS MONTES DAYS MININTER D
35	MALE BIACK 12 26 19 YRS. BIRTHPLACE (STATE OR FOREIGN 176. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIMORCED BALTIMORE CITY OR COUNTY OF BUSINESS OR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR
35	Balto. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IS STATE TO BREAKSTER TO
0.571	LEWIS HAYNES BESSIE GREEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO DIKNOWN) (IF YES GIVE WAR OR DATES) HOSP RECORDS BALTIMORE, M.S. APPROXIMATE INTERVAL
signed by the attending physic ten please remove carbanpape aburial, cremation, ar removal jury, ar ather traumatic event, the	PART I. DEATH WAS CAUSED BY: 42 75 IMMEDIATE CAUSE (a) CArfo Pulmewary DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (b), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ows any inju	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 200 NO 100 NO
(1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR (FEITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY HILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK NOT WHILE AT WORK AT
NT: If hem 21 is m	220. I certify that (this haspital) attended the deceased from 199, to 199, that (I) we last sow the deceased glive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated before (I) and the couse of the deceased glive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated before (I) and the couses stated before (I) and the couse of the deceased glive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated before (I) and the couse of th
should be deto with the State IMPORTANT: II	122d PHYSICIAN'S NAME (TYPE OR PRINT) EDWALD S. HOCT UNIV. OF MD. HOSPITAL 30. BURIAL, CREMATION, REMOVAL 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 123d. LOCATION 1
OM 4/82	THUMENAL DIRECTOR S21 HIGH ST. 250. DATE REC'D. BY REGISTRAR 156 THE GISTRAR'S SIGNATURE FEB 2 2 1983



21	FOR T = STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMII	HEALTH		HYGIENE OF DEATH	Š REG.	0 3	3	6 3
" /	1. DECEASED NAME	FIRST		WIDDLE		LAST	2a. D	ATE KNOWN	MONTH	DAY	YEAR Zh HOU
Main Dr	(TYPE OR PRINT)	Diane	Sa	mpson	Ноз	rtwell		OF ESTI-	X 2	5 19	83
7, PLEA MECTO UR PILE N STREE	Female	Black	5. DATE OF BIRTH	S YEAR LAST SIZE	EARS IF UN	IDER 1 YR. IF UNDE	MIN. PROM	DATE NOUNCED DEAD	MONTH 2	DAY 5 10	YEAR 14 HOU
- 160	To. BIRTHPLACE (STA	ATE OR	76. CITIZEN OF WI	HAT COUNTRY?	Is .	IED NEVER MAR	9. BA	ALTIMORE CITY	Y OR COUNT		
THE STATE OF	MD MD		J	JSA	WIDOW			Baltimor	re City	/.	M
OCCUPACION SE	Baltimor	e	3211 Le	SPITAL, NURSING HOA CILITY, GIVE STREET ADDRESS SEEDS Street	(ga	rage)		OCCUPATION (OF WORKING LIFE)	TYPE OF WORK	12b KIND OR IN	OF BUSINESS IDUSTRY
ANY DANY DANY DANY DANY DANY DANY DANY D	USUAL RESIDENCE (13a. STATE MD	IF IN NURSING HOME O		136. CITY OR TOWN Baltimo		134 INSIDECITY LIMITS?	130 STREET A	DDRESS Camer	on Ro	oad	21212
DEATH # DEATH # GES 1 2, NA PAN 2, SAND 2, SAN	14. FATHER'S NAME FIRST EMMITT		MIDDLE	Wilson		15. MOTHER'S MAII FIRST Mary	DEN NAME	Lee		LAST	Banks
BALTIMORE S AFTE DE GIVE PACE MITH FORM INVISION C	160. WAS DECEASED {YES, NO, OR UNKNOW NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	219-52-2		Emmitt	Wilson	ADDRE 1422		on H	ighway
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AFTER DEATH, WITH THE STATE DEPRATMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BAITINGNE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Candition gave rise couse (a) lying caus	IMMEDIAT IMMEDIAT s, if ony, which to immediate stoting the <u>under-</u> e last.	D BY: (FE CAUSE (o)	e for (a), (b), ond (c).) Carbon Monc As a consequence AS A CONSEQUENCE	OF					BETWEET	DXWATE INTERVAL N ONSET AND DEAT!
VITAL RECOR. SHOULD BE ED YORD "PENDIN IS CHIEF MEDICAL BE USED AS A INT OF HEALTH BURIAL, CREM	19a. DATE OF a			TION FOR WHICH OPE		AS PERFORMED?					OPSY?
FETIFICATE ING THE VOILD SHOULD PRIOR TO	UNDERLYING CONTRIBUTION 21d. INJURY O	OR IG CAUSE OF D	PLACE O	OF INJURY (AT HOME,	3 SL 21f. LO	bject fel	l asleer	in par	rked a	uto	
DIN THIS C E. WRIT WARDO STATE STATE 21201	WHILE AT WORK	NOT WHILE AT WORK		tory, FARM, ETC.) arage	32		Street,	Baltimo		aryla	ind
MEDICAL EXAMNER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FRUNERAL DIRECTOR: TROBENHY, WITH THE STIMORE, MARYIAND,	22a. I certify deoth resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	d fram: Notur	ol causes	Accident X, s	Autop Julicide M	sy XI, Inspect Hamicide TITLE (SPECIFY) DASSISTAN	Undetermin	ed monner EXAMINER	ond in my op], DATE SIGNE	2-	-6-83
BB	23a.BURIAL, CREMAT (SPECIFY)Buri	ion, REMOVAL 2	36 DATE 2/9/83	23c NAME OF C		Cemete	-	Ttimor	- 0	P	MDTATE
DHMH - 17 (VR A15 ME (5))	74. FUNERAL DIRECT	March	F/H 11	01 E. No	rth A	Ave. FEE	REC'D. BY REG	ISTRAR 755 R	GISTRAP	ICAATUR	



1 3		1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	0 3	8 6 4
o wŧ			CEASED NAME FIRST OR PRINTS		MIDDLE		ASŤ		MONTH DAY YEAR	2b. HOUR
moy be , page ; ter deat	144			OOLYN	C.	HEDR			02/28/83	4:55 ^{PM}
frer p	67	3. SE		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DA	
recto urs o			Female	White			7. 6. 1949	33	YRS.	
deoth. Po	35	V	RTHPLACE (STATE OR FOREIGN COUNTRY) Ost Virginia	76. CITIZEN OF	S.A.	MARRIE	NEVER MARRIED DIVORCED	BALTIMORE CITY OF		MD.
s after o by the fulled with	33		ALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE S		HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Personnel D	WORKING LIFE) INDUST	ounty Govit
filled in ould be found to be for the filled in the filled in the filled in the found the found the found the found the found the found the filled in the found the found the found the foundation that the fo	25	13a. S	AL RESIDENCE (IF NURSING HOME OF INTEREST AND THE RESIDENCE (IF NURSING HOME OF INTEREST AND INTEREST.	VTY	13c. CITY OR Mt.A	TOWN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13. STREET ADDRESS 410 Carr		21771
	06	14. FA	THER'S NAME FIRST William	WIDDLE	Pollat		15. MOTHER'S MAIDEN N	AME	Withro	LAST D W
9	3		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	A-1935	4 Penn Sh	op Rd.
Po o e	X		No		218-5	2-1519	Harvey G. F	ollatos, Mt.		
th certificate ading physici carbon poper or removol.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE 4439 IMMEDIA	TE CAUSE (0)		EQUENCE OF	muay Av.	rest ears	APPINE Z	ROXIMATE INTERVAL EEN ONSET AND DEATH
that the dead by the otte ease remove ol, cremation		Same of the same o	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	(b) DUE TO, O	R AS A CONS	EQUENCE OF	arleric	al Sposm	3	112/63
requires en signec Then plo or to burn		rion	PART 2 OTHER SIGNIFICANT	t Con	na.	art.	anenny.	54		
The law ricion. The has been sit permit.		CERTIFICATION	190 DATE OF OPERATION	3	aur	LUY S	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU: YES	SES OF DEATH?
SICIAN: ng physic certificat arial-tran tental Hys	0	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.	м. моnth м.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART	2)
DING PHY or attendi After this e os the bu olth ond M		MED	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e, PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
DOR:			22a. I certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no	-21	25	~/7	d that in (my) (our) opinion	n deoth occurred on the do	te and hour and from	the couses stated
by the hospi ERAL DIRECT: e detached for Stote Dept. of			226. SIGNATURE	1.1	Zn		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 1 2	ATE SIGNED 25
TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Stote (MADORIAN).	1		226. PHYSICIAN'S NAME, ITYPE O	PRHINTAL	15,1	n, n	220. ADDRESS	1 Mondul	y Au. B.	ald the
Z 5 5 7 2 3 ₹		23o. E	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP			Burial	Mar.3,	1983	Pine	Grove	Mt.Airv	Garroll	Md.
	32		SPECIFY)	Mar.3,		Pine	Grove 25a. DA	CITY OR TOWN	Carroll Sb. REGISTRAR'S SIGN	Md.

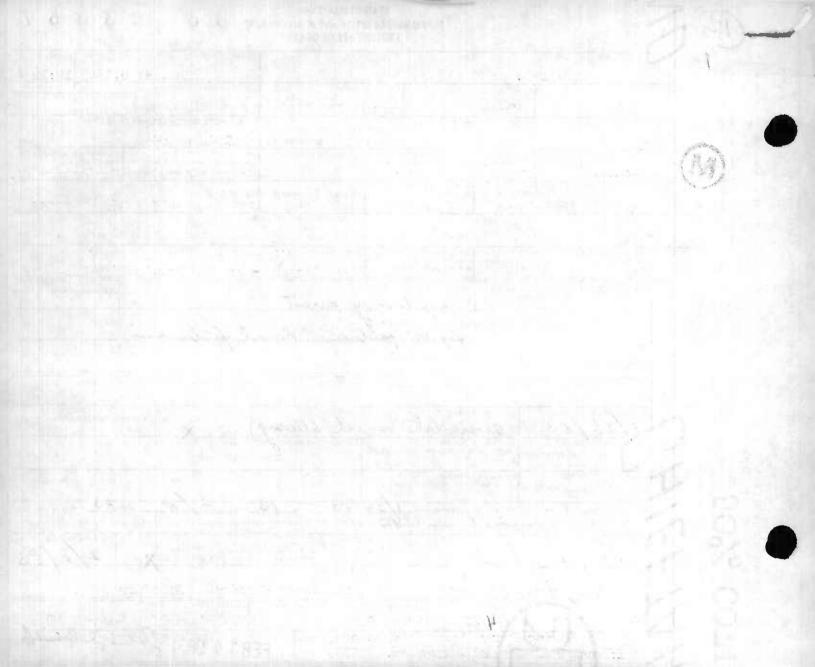


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DAY (TYPE OR PRINT) ESTI-Harry DEATH MATED Charles Heil Jr. /10/83 4 RACE SEX -IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 2/10/83 DEAD Male White Sept.3,1916 66YRS IZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Baltimore City Marvland B CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK TI NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore Arbuton Ave. 15 Insurance Agent (RET JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 21230 30 STATE 136. COUNTY 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland CITY Baltimore NO [Arbuton Avenue DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Heidl Harrv Sophie 17. INFORMANT Brother-in-Path/Guardian 160. WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES 1 DIVISION (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Yes W.W. 215-09-5434 Mr. Charles E. Schwatka (Westminster, Md.) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease 7 IMMEDIATE CAUSE (a) OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A HEALTH CERTIFICATION USED OF HE 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITING THE WORL WARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT C 21201 PRIOR TO BUR YES NOV 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.I. CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAC AFTER DEATH, WITH THE STAT BAUSIMORE, MARYLAND, 212 Inspection Y 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinion Undetermined manner death resulted fram: Hamicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Hormez R. Guard, M.D. 111 Penn St., Balto, Md. 21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23L NAME OF CEMETERY OF CREMATORY
EDISCOPAL Church
MT. OLIVE Methodist-23a. BURIAL, CREMATION, REMOVAL 23b. DATE Cem" STATE Burial 15 FEB 83 24 FUNERAL DIRECTOR **DHMH - 17** FUNERAL HOME, GLEN BURNIE, MD (VR A15 ME (5) 20M 4/82

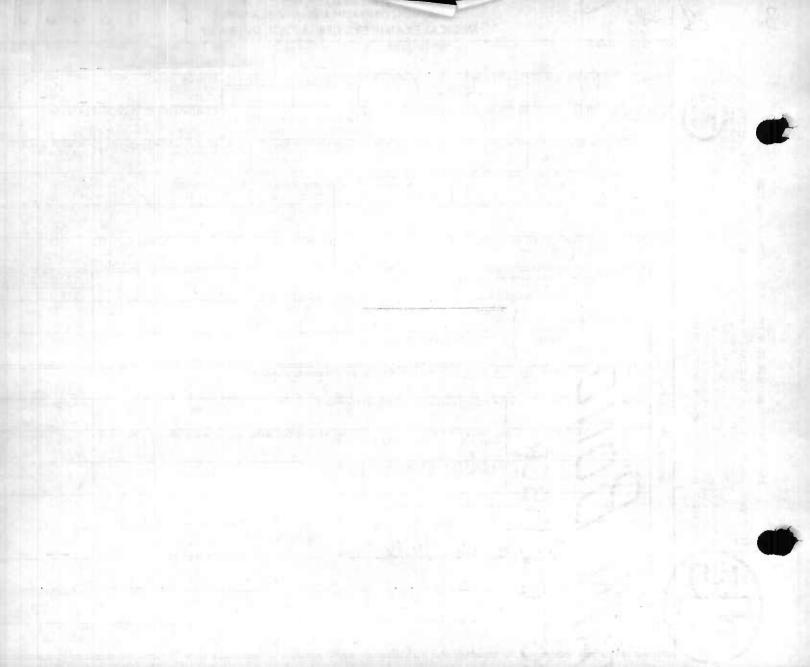
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE PARTY OF THE P dented the fall section of the land terms of a recommendation of the land of t Series - Parente - Mark Cometers - Billo. . Carring And owner description of the service

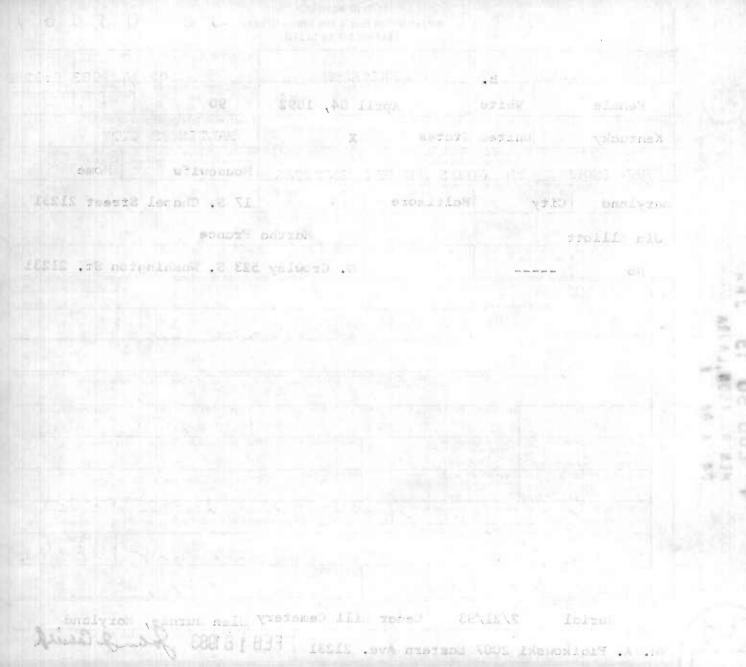
				STATE OF MARYLAND	23 -7	0 7 0 6
(12)		1 - STATE	DEF	PARTMENT OF HEALTH AND MENTA	HYGIENE O O	0 3 3 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(1)		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
7 9 9 9			D I. HEIM		FEBRUAL	KY 0,1903 10:1
m bo	3	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
ecto rs of	-71	Male	White	August 12, 1920		RS. HOOKS
Po di jo	1	6. BIRTHPLACE (STATE OR FOREIGN			9. BALTIMORE CITY OR COL	INTY OF DEATH
ro 72	0	Maryland	USA	WIDOWED DIVORCED		tu
5 7	1	CITY OR TOWN OF DEATH		IURSING HOME OR OTHER INSTITUTION	N 120. USUAL OCCUPATION	12b. KIND OF BUSINE
- 4th	1	Baltimore	St. Agnes Ho		(TYPE OF WORK FOR MOST OF WORK Manager-Americ	
00		ISUAL RESIDENCE (IF NURSING HQ	ME OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)		can may egat to
24 h	5	Maryland Ba	ounty 130 CITY OF Pikes	sville YES NO		ff Rd. 2120
thin sho		FATHER'S NAME	comore licke:	15. MOTHER'S MAIDE		II nu. alau
J will	2/0	FIRST	B He.Im	1 100	MIDDLE	LAST
con con con con con con con con con con	79	Thomas Mas deceased ever in u.s	2 110 0111	SECURITY NO. 17 INFORMANT P	Ethel Ekesville. ADDRESS M.	<u>Hynes</u>
ond oge)	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)			
rs. P		Yes	VW 2 217-0	5-6472 Mrs Eleand	or Helm 720 Temp	Lecliff Rd. APPROXIMATE INTER BETWEEN ONSET AND
quires the signed less placed less placed less placed to buried nijury, and			NT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	I GIVEN IN PART 110
been mit. I prior		19. DATE OF OPERATION 26 110. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1	F YES, WERE FINDINGS USED
hos per per	21	1/26/83	Gsochales	al variceal blue	wig YES NOW INC	ERTIFYING CAUSES OF DEAT
hysicic icote ronsit Hygid		21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY O	CORRED (ENTER NATURE OF INJURY IN ITE	
Clay	11	OR CONTRIBUTION C CAUCE O		H DAY YEAR	/	
PHYSI ending this ce the burned Mer		(IF EITHER NOTIFY MEDICAL EXA. 71d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY S
No Ph. After the os the os the orked orked		WHILE ONOT WHILE ON AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	CITORIOWN	COOMIT
or or se o	3		nospital) attended the deceased	from 1/24/83 19	P3 10 2/8	
TTEN of Ho	0	sow the deceased aliv	e on	19 ond that in (my) (our) op	inion death accurred on the date and	d hour and from the causes sta
REC REC Pept.	-01	27h SIGNATURE	a not, view the body offer death	DEGREE		221. DATE SIGNED
the Die the Di	-	10,1	1. 1	ATTENDI PHYSICI	NG MEDICAL STAFF	1 2/2/
PIT PER A		ZEAPHYSICIAN'S NAME	Пудремент)	27e. ADDRESS	AT BOMECTON BY HISTORIAN	11/1
OR THE	1	0	for fer	St Amos	Hospital Balt	imore, Md.
should be should	+ 1	3a BURIAL, CREMATION, REMO	VAL 23b DATE	23c NAME OF CEMETERY OR CREMAT	ORY 1734 LOCATION	unore, ma.
ВР		Burial	2/14/83	Crest Lawn	W. Friendshi	D Howard MD'
20	2			al Directors, Inc. 15	DATE REC'D. BY REGISTRAR 156	
DHMH - 16 50M 4/82		8728 Tihonty R	d. Randallstan	DRESS Md. 27733	FFR 1 4 1983	pung with



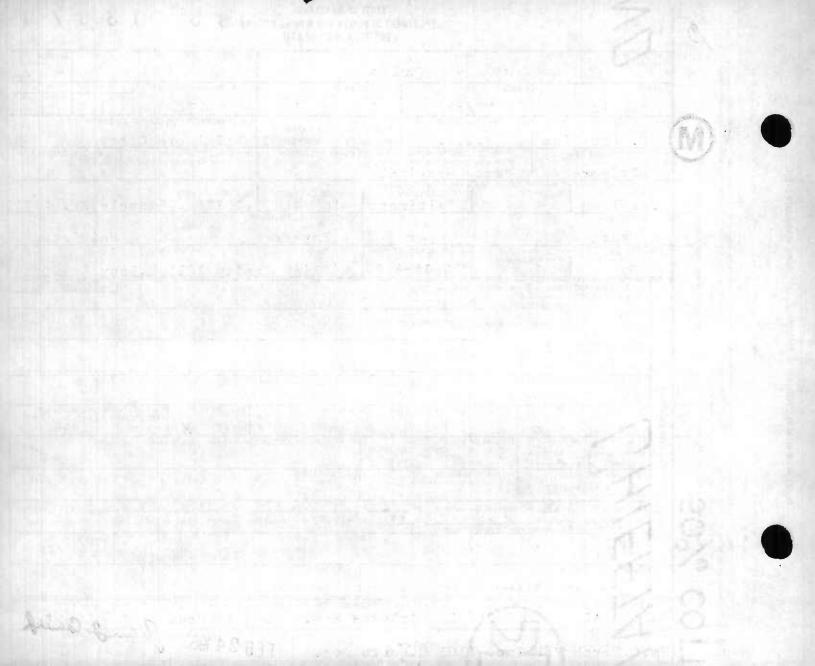
-	_/						STA	TE OF N	ARYLANI	D			7	400		1
K	10	2	FÓR			PART	MENT OF	HEALTH	AND ME	NTAL H	YGIENE	3	()	3	8 6	1 8
-4	4	7	STATE REGISTRAR		MEI	DICALI	EXAMIN	ER'S C	ERTIFIC	ATE O	F DEAT	H RE	EG. NO			7.41.0
6		1. DE	CEASED NAME	FIRST		MIDDLE			LAST		20	DATE KNOV		ONTH DA	AY YEAR	26. HOUR
		(TYF	E OR PRINT)			, ,					_	OF EST				
	PLEASE RECTOR. R FILES. HOURS STREET,			Cora		(D.)	В.		endric			DEATH MATE	:D 📋	2-3-	- 19 8	
	APE 호등	3 SEX	4.1	RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE.			HOURS		DATE	MO	INTH DI	AY YEAR	2d HOUR
	25520 E	Fe	emale	Black	5 17	34	48 YF	, month	15 DAYS	HOURS	MIN, PR	DEAD		2-3-	→ 19 87	5:05
	SELBAN	To B	RTHPLACE (STATE		76. CITIZEN OF WH			0	245	The same	9.	BALTIMORE (CITY OR CO	OVITAUC		2
	HOW WANT	. /	REIGN COUNTRY)		II C	70			ED NEVE		printing					
	25.		Seorgia	DEAVIL	U.S.		26/216/116/116	WIDOW		DIVORCE		Balti	more	City	KIND OF B	MD
	No FREE FILES	10. 0	IT OR TOWN OF	DEATH	11. NAME OF HOS			, OR OTH	EK INSTITUTI	ION		OCCUPATION OF WORKING LIFE		70RK 178	OR INDUS	TRY
			Baltimor	e	1733 Po	plar	Grove				100			the last		
=	OSE OSE OSE OSE OSE OSE OSE OSE OSE OSE	U.SU.	AL RESIDENCE (IF)	N NURSING HOME O	ROTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSIO						37770	21	1216	
120	A CHEER AND		^{TATE} Maryland	136 COUNT	TY		timor		13d. INSIDE CITY	NO [13e STREE	Popu	1122			
0.5	=		ATHER'S NAME	4		I pai	CIMOL	<u> </u>				Popu	тат	GLOV	ve st	• •
¥	PM 3. ND 2 SI	1	FIRST		MIDDLE		LAST		IS. MOTHER		NNAME	MIDDLE			LAST	
RE	日光 < 女子)(1)	1	Albert				Blue			adys		1000		Han	milto	n
WO	S S S		VAS DECEASED E		MED FORCES?	166. SOC	IAL SECURIT	/ NO.	17. INFORMA	ANT		ADI	DRESS			
Ē	FA A BOS		No	(# 123, 01/2)	WAR OR DATES!	258	-52-9	910	Neve:	1 He	ndri	cks 17	/33 P	onul	lar G	rove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	24 HOURS AFTER DEATH. ITEM 18. GIVE PAGES 1, 2 LICONG WITH FORM PM 3 F PERMIT. PAGES 1, 4ND 2 FORENE, DIVISION OF WITH	F	IR CAUSE OF D	EATH (Enter only	y ane cause per line									T	APPROXIMA	
Z.	24 HOUR ITEM 18. LONG W PERMIT. GIENE, DI		PART I DEATI	H WAS CAUSED	BY:	/ (u), (b)	, and (c).)							В	BETWEEN ONS	ET AND DEATH
NO.	A SER SEA		402	IMMEDIAT	E CAUSE (a) HY	perte	nsive-	and /	Arterio	oscle	rotic					
EST	Z Z Z Z Z Z		C No.	4 111	कि-वास्त्रक	45-A-60h	I SEQUENCE-) [
00	WITHIN AINER AI TRANSIT HYC			if any, which	(b)C	ardio	vascul	ar di	sease							
` ×	SA A SE S		cause (a) sta	ting the under-	DUE TO, OR											
50	NA A K		lying cause 1	ast.	(-)									100		
S,	S S S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIE	ICANT CONDITIONS O	(c) CONTRIBUTING TO DEATH I	NIT NOT OF LA	TED TO THE YERM	NAL ON FACE	OR COMPLETION	CAMPAL IN BARY	7.					
ORC	X N N N N N N N N N N N N N N N N N N N	z	TAKE Z OTHER SIGHT	ICANI COMDITIONS	CONTRIBUTING TO DEATH	NI NDI KELA	TED TO THE TERM	INAL UISEASE	OK CONDITION I	GIVEN IN PAR	110.					
Ď.	- CRI AS	2														
7	A HOUSE	3	19a. DATE OF OP	PERATION	196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	AED?				20	0 AUTOPSY	?
È	X8255	E												25	YES 🗌	NO 🕡
7	N H N H N H	CERTIFICATION	210. EXTERNAL C		21b. TIME OF				OW INJURY C	OCCURRED) (ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
N	OFFE SEC	Ĭ	UNDERLYING CONTRIBUTING	OR	HOUR A.M	MONTH										
8	SH TO SH	S	21d. INJURY OCC		21e PLACE C	F INTERV	19 (AT HOME,	211-1-00	CATION		-					-
Ž	SESSES	MEDICAL		OT WHILE	STREET, FACT				TREET			ITY OR TOWN		COUNTY		STATE
۵	HIS AAGA 120	~		TWORK												
	P. ST. P. C.		270 Loostify to	hat I taak sharar	e of the remains desi	ribad aba	ve held en	Autap	., [Inspection	. IV	Inquiry .	and in	ту аріпіаі		
	A SE SE SE SE SE SE SE SE SE SE SE SE SE										ma .	, ,		шу оршиа		
201	STEE BEE		death resulted f	ram: Nature	al causes XX	Accident	L., Su	cide	, Hamicio		Undetern	nined monner	,			
-	¥ < 2 C C C C C C C C C C C C C C C C C C		ACTUAL	1100	11- A	. (1)	1.00		TITLE (SPI					ATE		
	4#54## -	1	SIGNATURE	MUU	me III	N	WILL	M	D. Assi	stan	1_MEDIC	AL EXAMINER		SIGNED_	2-4-	83
	NE STET	Part .														
	*SHEET ST		EXAMINER'S NA (TYPE OR PRINT)	Marga	arita Kore	11.	M.D.		ADDRESS	111	Penn !	Street.	Balt	imor	e. Md	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO DEVENT BE SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	23o.B	URIAL, CREMATIO				AME OF CEA				123d LOC/	TION				
		(BURIAL		2/11/83		ncoln				Sava	innah		COUNTY	Gå	TATE
	BP	74 F	UNERAL DIRECTO)R							EC'D. BY RE		REGISTRA	R'S SIGN		
	DHMH - 17	1	NAME		ADDRESS								shie	2.0	shell	7
	(VR A15 ME (5)) 20M 4/B2	Wn	n.C.Marc	ch F/H	Inc.110	I E.	North	1 AV	е.	FEB	119	83		0		
										_			-	$\overline{}$		



6	1 - 9	OR STATE REGISTRAR			DEPA	RTMENT OF I	E OF MAKTLAND FEALTH AND MENTAL HY FICATE OF DEATH	GIENE &	REG. NO.	Q	3 8	6 9
t pe	1. DECE		AURA		MIDDLE	HENDRI (CKCON	2a. DATE O	FDEATH MO	NTH DAY	100	26. HOUR
yom you	3. SEX	<u> </u>	MUIM	4 RACE		5. DATE	OF BIRTH	6. AGE (IN	YEARS LAST BIRTHDA	AY) IF I	1983 JNDER I YEAR	6 • 3 2 M T
1 4	1	Female		White		Apri	1 04, 1892	91	0	YRS.	THS DAYS	HOURS MIN.
nerolin 72 au	COL	HPLACE (STATE OR UNTRY) ntucky			States	RY? 8	D NEVER MARRIED	דאת די	ORE CITY OR C			MD.
s ofter d by the fu	В	OR TOWN OF DE	E	THE J	JOHNS F	REET ADDRESS)	OR OTHER INSTITUTION S HOSPITAL	12a USUAL (TYPE OF WOR	OCCUPATION RK FOR MOST OF WO EWIFE		12b. KIND OF INDUSTRY Home	BUSINESS OR
AND 21201	130. STA	RESIDENCE (IF NUR ATE yland	13b COUN City	VIY	N. GIVE RESIDENCE B 13c. CITY OR 1 Baltin	OWN	13d INSIDE CITY LIMITS? YES NO [13e. STREET 17 S	ADDRESS Chape	el St	zeet 2	21231
mARTL ted within ompletely ond 2 sh	Ji	HER'S NAME FIRST M Elliot	t	WIDDLE	LAST				MIDDLE		LAST	
F R P P P P P P P P P P P P P P P P P P	(YES	S DECEASED EVER , NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES?	16b SOCIAL S	ECURITY NO.	G. Crowley	523 S	. Wash:	ingto		21231
bivision of vital recorbs, 201 W. Pression ST. PHYSICAN. The low requires that the death certifuler this entire on his been samed by the ottending posther this entire on his permit been east, most expending his permit been east, most expending the nad Americal Mysiene agript to buriof, cremation, at remarked of them 18 shows only injury, or other troumptic exceeded.	P	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSE BY: HAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI									IN PART IIa	
Na RECOR	CERTIFICATION 15	a DATE OF OPERA	TION	19b. CONI	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY? 20		PERE FINDING	
TO HOSPITAL OR ATTENDING PHYSICAN The retoined by the hospital or differing provided to the should be detached for use as the busical entire with the State Dept. of Health and Mepital Hygis IMPORTANT; If them 21 is marked or ifem 18 should have the state Dept. of Medith and Mepital Hygis IMPORTANT; If them 21 is marked or ifem 18 should have the state Dept. of Medith and Mepital Hygis IMPORTANT; If them 21 is marked or ifem 18 should have the state Dept.	23a. BUI	PHYSICIAN S N	CAUSE OF DEA	Place (AT HOME S 21e. PLACE (AT HOME S tol) ottended to the sod	y after death.	19 Om 9	211 LOCATION STREET 211 LOCATION STREET 19 nd that in (our) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL DIRECTOR	CITY OR TOWN CITY OR TOWN STAFF PHYSICIAN ATION	, 199	COUNTY	IGNED F (d 3
BP		Burio	_	2/21			Hill Cemeter	CIT	Burni	e, Mo	ryland	d STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUN	ERAL DIRECTOR	Lkows	ki 200	7 Easte	rn Ave	. 21231 25 F	B 181	983 RAR 26	RECISTRA	S. Sleage	Bell-



5	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		S REG. NO.	0 3 8	70
m £		CEASED NAME FIRST	RGHA	M, HEN		AST	20. DATE OF D		DAY YEAR	2b. HOUR
page 3 er death	3 66		4. RACE	MI AFI	5. DATE C	AS BIRTH	6. AGE INYEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS
الم المؤدر	3. SE				MONTH	DAY YEAR	8. AGE (INTEAR		MONTHS DAYS	HOURS MIN.
Surs Ours	10.0	Female		ack	1	8 10	O PAITIMORE		INTY OF DEATH	
		COUNTRY)			MARRIE	DEVER MARRIED	7	100		
# CIM	0.0	N. Carolina		S.A.	WIDOWE	D DIVORCED		Lmore		MD. OF BUSINESS OR
37			(IF NOT IN SUC	CH PACILITY, GIVE STREE	T ADDRESS)	A OTHER INSTITUTION		R MOST OF WORK	INDUSTRY	7F 803114E33 OR
1	UsU	Baltimore AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	y Hospi	E ADMISSION)					
ould b	13a.	STATE 13b. CO	UNTY	13c. CITY OR TOV	NN	13d. INSIDE CITY LIMIT			1 0	
2 shor		ATHER'S NAME		Balti	more	YES X NO 1	2012	W. La	nvale St	t. 2121
g 7		FIRST	MIDDLE	LAST		FIRST	A	AIDDLE	LAS	Τ
9000	1	George WAS DECEASED EVER IN U.S.	ADALES FORCESS	Moyer		Esthe:	r	ADDRESS	Hairi	iston
Poges I		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)							
S. P.		No		21/3-14	-4020	William	Henley 2	.012 W		e Street
hen please re to burial, cren ijury, or other	NO	PART 2 OTHER SIGNIFICAN	(c)_			NOT RELATED TO THE		R CONDITION	GIVEN IN PART 110	a
ermit. T	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPS	INC	F YES, WERE FINDIN ERTIFYING CAUSES	OF DEATH?
burial-transit pe i burial-transit pe i Mental Hygiene or Item 18 shows	E	21a. ACCIDENT WAS UNDERLYING	216. TIME C	SE INTUINA		121- HOW BLUDY OF		OX	YES 🗌	NO 🗆
1 8 9 H		OR CONTRIBUTING CAUSE OF		M. MONTH D	AY YEAR	THE HOW INJURY OF	CURRED (ENTER NATUR	2 OF INJURY IN ITEA	N IS PART I OR PART 21	
Mental ar Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	NER) P.	M.	19	21f. LOCATION				
olth and A marked a	MEE	WHILE NOT WHILE AT WORK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	STREET	C	ITY OR TOWN	COUNTY	STATE
a se o		220.1 certify that (1) (this ho	spital) attended th	ne deceased from,	2/13		13 10 2/	23	19 72	that/(I)(we) last
of H of H 21 is		sow the deceased alive abave (1) (we) (did) (did	on 2/23	19_	73 1, ar	nd that in (my) (our) opi	nion death accurred c	in the date and	d haur and from the	couses stated
Dept.		226. SIGNATURE	V -	Offer deom.		DEGREE		Markey.	22c. DATE	
e (i)		/ Jayout	Allery	Δ		ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF PHYSICIAN	1 0/0	13/85
State deta		22% PHYSICIAN'S NAME (TYP	PE OR PRINT)			220 ADDRESS		3		
with the State		HARGARET	KEELEN, M	4.0.						
5 % 3 \$	23a.	BURIAL, CREMATION, REMOV				EMETERY OR CREMATO	DRY 23d. LOCATH	NC	COUNTY	STATIO
		BURIAL	2/26	/83 A	rbutu	is Mem. Pl			7 01	2 Mde.
50M 4/82		UNERAL DIRECTOR		ADDRESS		250	FEB 24 19	STAAR 256 BE	SISTEMANS OF NAT	ORE
15, 4)	Wn	.C.March F/	H Inc.	1101 E.	North	Ave.	FEB 24 18	00		



20M 4/82

A STATE OF THE RESERVE OF THE STATE OF THE S i i i the same wormed soon at the same of the sa Y T TO THE STATE OF THE STATE O I amount realist to the second of the second .cc ra Barto. Manager Yes, 24 - 12., 4 - 14

E. R. L. B. L. Branch Branch Branch a was the year SALU CONTRACTOR OF ALSE The Part of the Control of the Contr MISSING MISSING Surrai 2/3/3 21225 Fig. 1. eor, o d. Bouce 4 01 littories home - STATE

(VR A 15 (4))

REGISTRAR

I. DECEASED NAME

NONE 21220 Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 63, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 22c, DATE SIGNED Orem's Meth. Ch. Cemetery Baltimore Co. Md. 2/14/83 Burial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 rwzdzinski Funeral Home PA 1407 Old Eastern Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Hewitt

REG. NO

MONTH

REMINDER I VEAR

INDUSTR

126. KIND OF BUSINESS OR

20 DATE OF DEATH

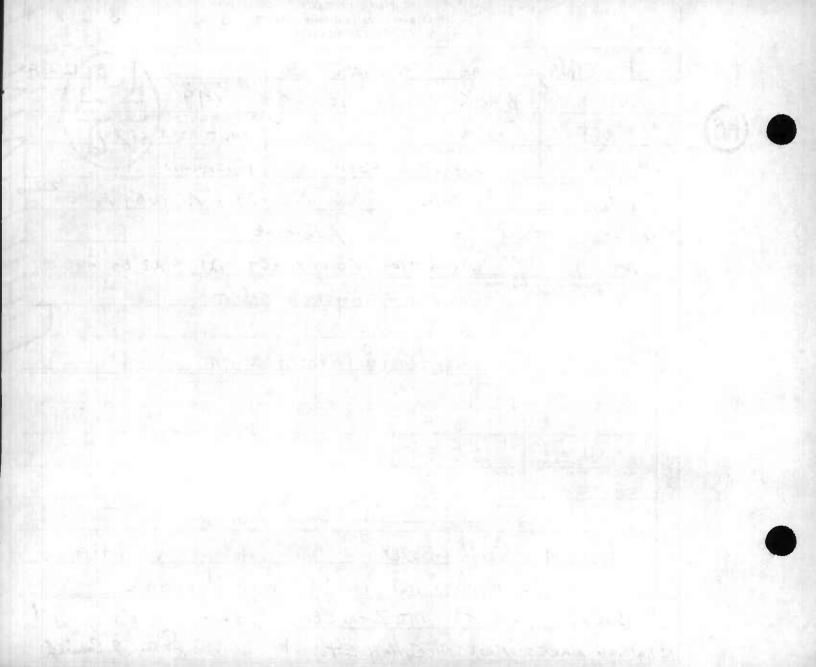
ESCI, CH. SE: DSIMW PERSON

or land Enlairere idite dwar as is sockpin . Chiku

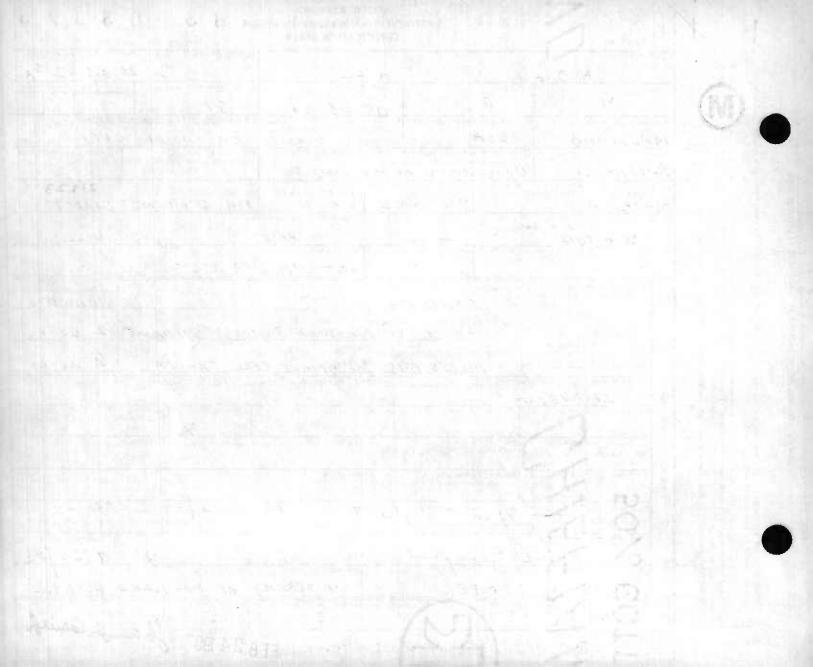
usides .titabs bive- so.

The state of the s

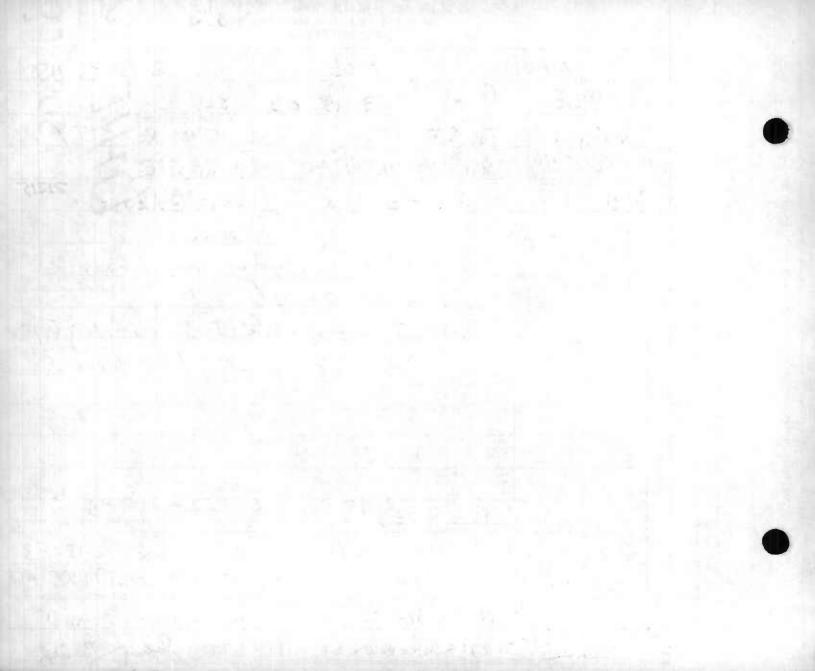
ANALY TOTAL AND DE CENTURY SELLING CO. S.



(VRA 15, 4)



1	0	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARTLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH	0 3 8 7 6
1	3 25	I DE	CEASED NAME FIRST MAU	MIDDLE	HILL	REG. NO 20 DATE OF DEATH MONTH 2	15 83 1156Am
	(M)	3 SEX	<i>FEMALE</i>	A RACE Q O (BLAC)	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HAS MONTHS DAYS HOURS MIN.
	death him 72	70 BI	Virginia	The CITIZEN OF WHAT COUNTRY? S A The Mark of Hospital, Nursin	MARRIED NEVER MARR	GED BALLIMOK	E CITY MD.
1201	hours after an by the tibe filed with	B	ALTIMORE CITY	PROVIDENT	HOSPITAL	(THE OF WORK FOR MOST, OF WORKING	NG LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120	in 24 fille should	130 5	THER S NAME		13d INSIDE CITY LI YES NO 15 MOTHER'S MAI	1 4023 Bell	21215
MAR	2 Cond 2 cond 2		FIRST 24 m	AIDDLE LAST	FIRST	27kc	LAST
TIMORE,	be execut on and co	16a V	VAS DECEASED EVER IN U.S. ARA res, no or unknown) (if yes, give	wed forces? 166 SOCIAL SECU WAR OR DATES) イルカン	1924 On w	Byller-4003 Fa	
ST., BAL	physici on paper emaval.		PART I. DEATH WAS CAUSED	y one couse per line for (0), (b), on BY: E CAUSE (0)	iae asse	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.,	death ce attending tave carb ation, ar r raumatic		Conditions, if any, which	DUE TO, OR AS A CONSTRUCTION	ensign ?	Sepsis, Gr	anulocytopenio
J W. PR	hat the by the ase rem), cremi		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONTROL	8 Lt lux	& CA? Pre	umoria?
RDS, 20	equires n signe Then p to bur injury, t	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201	he law re on. has been t permit.	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
OF VITA	SICIAN: The ng physicio certificate bringl-transit cental Hygie flem 18 sho	CAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE STATE OF THE STATE OF		OCCURRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
IVISION	in G PHYSIC or attending After this cer t as the burio lith and Meni	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
٥	TEND outal o TOR: 7 for use af Hea		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not	ottended the deceased from 19	, and that in (my) (our)	opinion death occurred on the date and	hour and from the causes stated
	the period		Sher A36	al Hashm	PHYS	NDING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	271. DATE SIGNED 2-15-83.
	HOSPII FUNER Sould be the the St		SHER AF2	AL HASHM	i PROVIDE	ENT HOSPITAL I	BALTIMORE Md
	BP	230.	SUBJAL, CREMATION, REMOVAL SPECIFY)	236 DATE 236 M	AME OF CEMETERY OR CREM	handselow	n county In classe
	DHMH - 16 60M 1/75 (VR A 15 (4))	3 /	THE ELEVERY	# 3,971 8 ADDRESS	eder st	FEB 1 7 1983	GISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17th I work to the second of the second of the Mary 11 - The same of the same SECTION CHARLES - CHARLES . at Fee 22 (2) To Long / May Mar. Com. Cooky a. H. Bille like but all its come the it

MUTTER FUNERAL HOME 3035 W. NORTH AVE

MIDDLE

- STATE

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1.451

REG. NO.

MONTH

VEAR

8

YES T

COUNTY

MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

224 DATE SIGNED

1983

IF UNDER I YEAR IF UNDER 24 HRS HOURS

126. KIND OF BUSINESS OR

21216

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

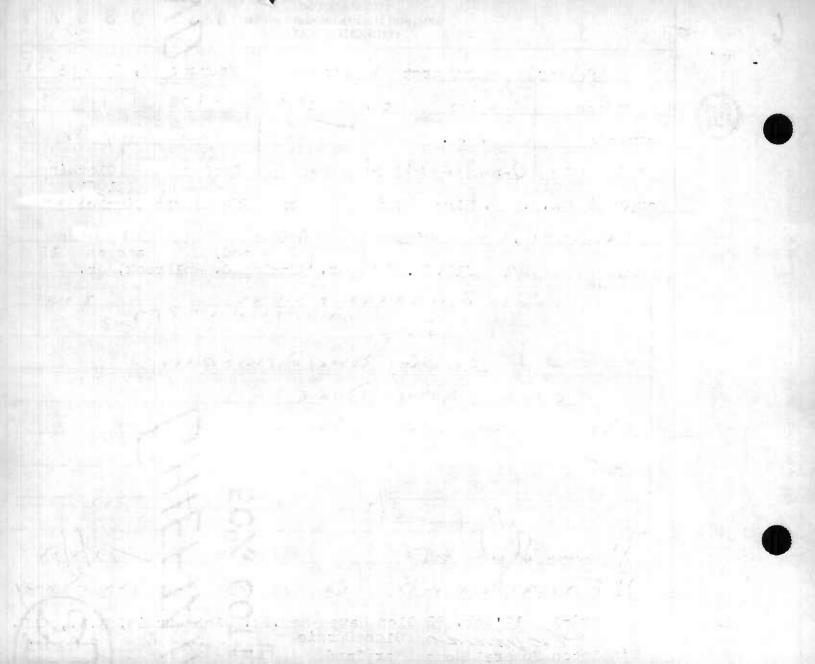
NO IT

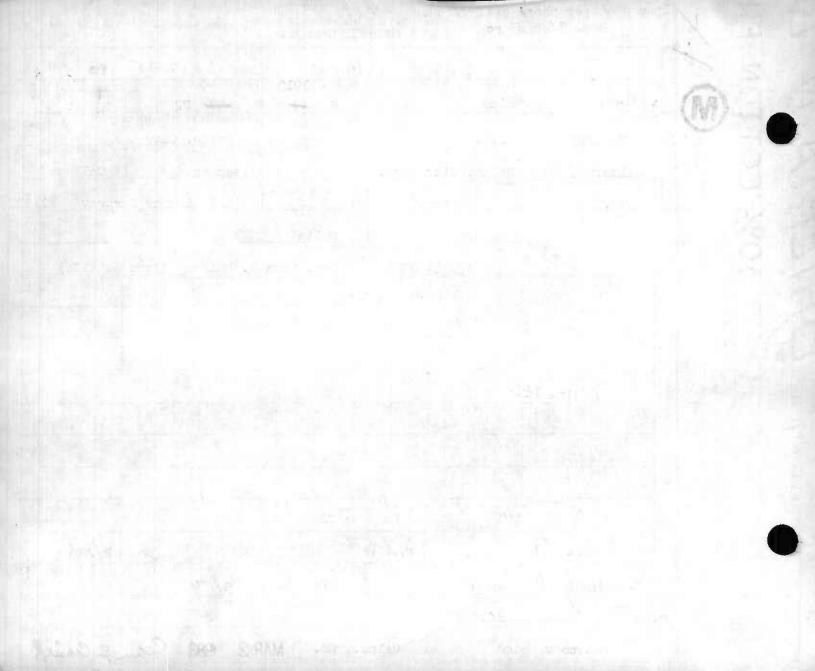
POLICE

2b. HOUR

20 DATE OF DEATH

A Land of the Land				
			av (K)	
The second secon	er me s		TAME:	7 2 4
		ABU		America .
SE LE LETSTY OF TOTAL				
FAIR WE WE HAVE TOTS"			u.e.f	
			anni.	
THE PURPLY PARS ST. SETT.				
Telegary of the state of the st				
		on . A Cobe Envisor		





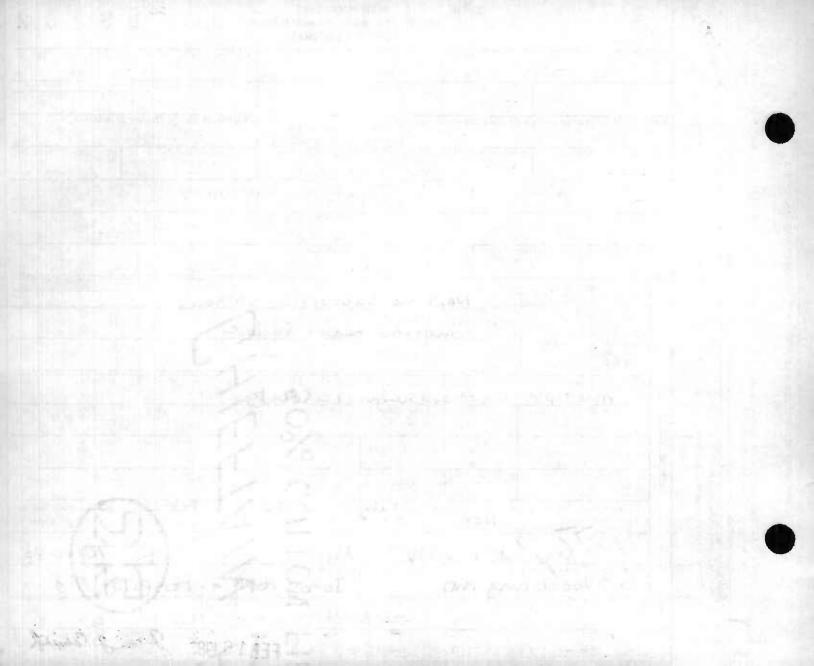
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 8 0 1
2		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
deoth		Anna	t	Holley	2. 6	OF TAN
(2)	3 SE	Female	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 75	IF UNDER 1 YEAR IF UNDER 24 HRS
WI)	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	9. BALTIMORE CITY OR COUNTY	OFDEATH
71		NC NC	LISA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cit	
filed with	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
a de la	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	READMOSION) NN 1134 INSIDE CITY LIMITS?	130. STREET ADDRESS	Her (Ket)
should be f	M	langtand	Baltin	ALC (IT) AER NO !	1112 W. Fays	ette st cicci
The same of	14. FA	THER'S NAME	MIDDLE 1	15. MOTHER'S MAIDEN NA	AWE WIDDLE	D. MSTy &
A THE RESERVE	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	ROPINS
Poges I	1	YES, NO OR UNKNOWN) (IF YES, GIV	238 05	ooid arthur Ci	Holley 1112W.	Fayotte ST
he		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), a	nd (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, t		PART I. DEATH WAS CAUSE	TE CAUSE (a) KCS D	ratory Arrest		
emotion, or retroumatic		1	DUE TO, OR AS A CONSEQ			
er troum		Canditions, if any, which gove rise to immediate	(b) 50p			
5 4		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	JENCE OF		
0 0		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a
2 . 2	NO.	coma			orged hypoglyc	
shows any	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
I B		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICUS A M MONITU	DAY YEAR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN 19EM 18	PART 1 OR PART 21
Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	19		
ked	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			ital) attended the deceased fram	1 18 19 8	3, to 2/9	19_83, that (I) (we) last
21 i		saw the deceased alive an obave, (I) (we) (did) (did no	19-	83, and that in (my) (aur) apinion	n death accurred on the date and has	ur and fram the causes stated
AT: If Item		22b. SIGNATURE	Dal. 10 V	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
Z Z		Paul	" Mullen		DIRECTOR PHYSICIAN	14163
with the State [Paul Mul	llen	22 Gre	en St	
3 4	23n	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STITE
	24 5	Syrial	2-14/83	stutus Men. Perla	ATE REC'D. BY REGISTRAR MY ROUS	HAP'S SIGNATURE
M 4/82	0	UNERAL DIRECTOR	FILE SIGN SADDRESS	I STEP		2 Capiel

Basilians wild prome of the same a stranging will palle a walker over the self-Maria All Maria Laborate Street & Calendar Maria Charles H. Court S. Harris M. Daniel H. End. C.

BP_____ DHMH - 16 50M 4/82

(VRA 15, 4)

9	1-	FOR STATE REGISTRAR		DEPARTMENT OF F	ICATE OF D		IENE S S	()	৩ ৪	8 2	
		CEASED NAME FIRST	WIDDLE		LAST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
101		Myrtle	Frenca	a Holmes				2 1	0 83	М	
	3. SE)		4. RACE	5. DATE C	H DAY	YEAR	6. AGE JIN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
	<i>y</i> ///	Female	Black	1	3	ÖÖ	83	YRS.			
2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER	AARRIED -	9. BALTIMORE CITY Q	R COUNTY O	FDEATH		
	815	MD	USA	WIDOWI	ED A DI	VORCED	Baltimor	e City		MD.	
0		ITY OR TOWN OF DEATH Balto.		al, nursing home (y, give street address) nland Ave		TUTION	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP	NTY 13c. CI	idence effore admission) IY OR TOWN altimore	13d. INSIDE C	ITY LIMITS?	130. STREET ADDRESS 1417 AS	hland	Aver	21205 ue	
O	14. FA	James	MIDDLE	elson		maiden nam	WIDDIE		owie	t	
1	16a. W	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	00 OCIAL SECURITY NO. 10 THE SECURITY NO. 10 T	Zelma		man 531 E		i. st	bi	
	TION	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (MUTIPLE)	DUE TO, OR AS A I DUE TO, OR AS A I DUE TO, OR AS A I (c) CONDITIONS CONTRIB	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	NOT RELATED	t Faul	INAL DISEASE OR CONI				
7	TIFICATION	19a DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO				
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. M. P.M.	ONTH DAY YEAR 19		INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
3	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATIO)N	CITY OR TO	WN	COUNTY	STATE	
N. IV		270. I certify that (I) (this hasp saw the deceased alive an above, (I) (we) this idia no 22b. SIGNATURE	Nov	19 8 2 of	DEGREE	19.80 Took opinion o	death accurred on the da		22t. DATE	SIGNED	
1		22d. PRYSICIAN'S NAME PYPE OF BURGES	or print)		220 ADDRES	PHYSICIAN [DIRECTOR DPHYSIC	IAN	1	el 83	
	23a. 8	SURIAL CREMATION, REMOVAL	23b. DATE 2/15/83	23: NAME OF C	EMETERY OR C		23d LOCATION CITY OF TOWN ETY Baltin	ore	COUNTY	MD STATE	
	24. FU	uneral director Wm C. March F,	/H 1101	E. North			E REC'D. BY REGISTRAR		AR'S SIGNO		

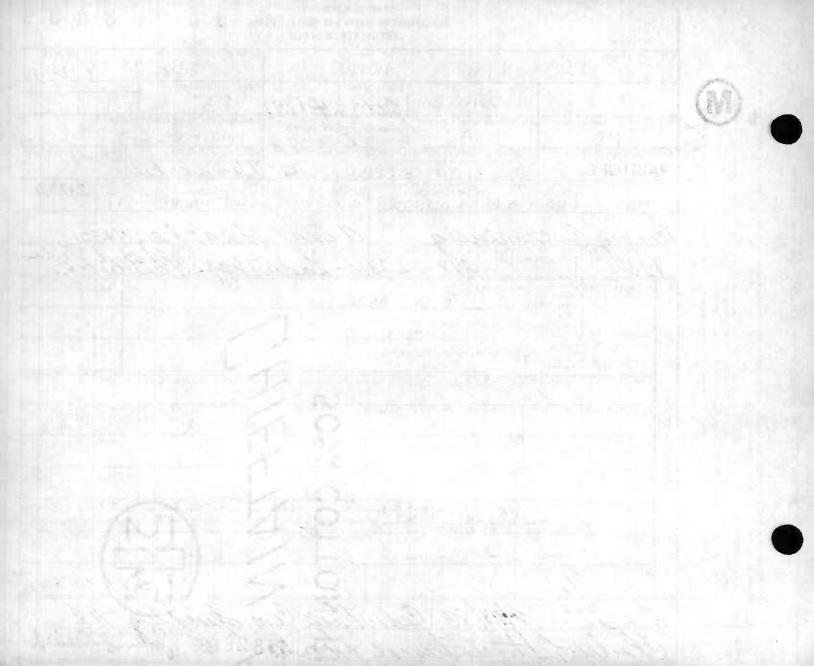


(VRA 15, 4)

2453 200 34-11 Phones and and the second second Topegoes -- 121 3 Rection inner AND THE STATE OF STATE AND AND ADDRESS OF ADDRESS AND gardens de Fairt ets author. de lander

	LDE		- 186 A 15 W	MIDDLE	LAN IAS	STATE OF THE	To DATE OF DE	A H MONTH	DAY YEAR	2b. HOUR
À D	3. SE		VETTE	Т	ASKER	HOPKINS		JARY 1		5:57 AM
E		MALE	BLACK		5. DATE OF B	19 YEAR 2	6. AGE JIN YEARS		MONTHS DAYS	HOURS MIN
Boo Car		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?			9 BALTIMORE	YRS		
4		RYLAND	U.S.A.		MARRIED L	NEVER MARRIED 2		IMORE (MD
by the following the design of		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A JOHNSHOP	G HOME OR C	OTHER INSTITUTION	12a USUAL OCC	CUPATION		BUSINESS OR
filled in nauld be	130 S	AL RESIDENCE (IF NURSING HOMEO TATE RYLAND A.A.	R OTHER INSTITUTION	131. CITY OR TOWN ANNAPOL	ADMISSION)	LINSIDE CITY LIMITS?	13. STREET ADD	RESS Boston	Heights	Circle
ond 2 st	14. FA	THER'S NAME FIRST RONALD	WIDDLE	HOPKINS		MOTHER'S MAIDEN N	AME	IDDLE	TASK	
S. Pages 1	16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES? VE WAR OR DATES!	16b. SOCIAL SECU		INFORMANT DIANA TASKE	II 441 B	ADDRESS A Boston	nna p olis Heights	Md.21401 Circle
ath ce carb n, ar i		7775 IMMEDIA	DUE TO, O	R AS A CONSEQUE	NCE OF		11 0	11.		
he low requires that the death co on. The been signed by the ottendin t permit. Then please remove carb tiene prior to burrial, cremation, ar a	TIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 12 31 82	DUE TO, O	Horatic ;	NCE OF TENANT NO PERATION VI	VAS PERFORMED	20a AUTOPS	R CONDITIONS 120b. IF YIN CER	OVEN IN PART 110 (ES, WERE FINDING TIFYING CAUSES (GS USED
certificate hos suiol-tronsit per tental Hygiene per tental Hygiene per tem 18 shows	NCAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 12 3 82 21a, ACCIDENT WAS UNDERLYING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	CONDITIONS CONDITIONS	ONTRIBUTING TO D Zing Fin HIONFOR WHICH IT IN 12 Ing E FINJURY M. MONTH DA M.	DEATH BUT NO OPERATION W	TRELATED TO THE TER	MINAL DISEASE OF	R CONDITIONS Y? 20b. IF Y IN CER	YES, WERE FINDING TIFYING CAUSES O YES	GS USED OF DEATH?
icion.	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 12 3 8 2 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS CONDITIONS	ONTRIBUTING TO D Zing Fin HIONFOR WHICH IT IN 12 Ing E FINJURY M. MONTH DA M.	DEATH BUT NO PERATION W	TRELATED TO THE TER 173 VAS PERFORMED COLITIS	MINAL DISEASE OF TOO AUTOPS' YES NO RRED (ENTER NATURE	R CONDITIONS Y? 20b. IF Y IN CER	YES, WERE FINDING TIFYING CAUSES O YES	GS USED OF DEATH?
certificate hos ricol-tronsit per central Hygiene per tem 18 shows		Canditions, if any, which gave rise to immediate couse (a), stofting the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceased olive or obove, (I) (we) (did) (did)	CONDITIONS CONDITIONS	ONTRIBUTING TO D ZING HIONFOR WHICH HI IZING BE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	DEATH BUT NO OPERATION V Y YEAR 19 ARM, ETC.) 21 32, 33	PAS PERFORMED COLUMN AS PERFORMED COLUMN	MINAL DISEASE OF	P CONDITION Y? 20b. IF Y IN CER' OF INJURY IN ITEM 1: TY OR TOWN	(ES, WERE FIND IN THEY ING CAUSES (YES [] 8 PART 1 OR PART 2)	GS USED DF DEATH? NO STATE
or A HENDING PHYSICIAN: The to thospitolo or attending physicion. DIRECTOR: After this certificion. Ochef for use os the buriot-tronsit per Dept. of Health and Mental Hygiene I Hem 21 is marked or them 18 shows.		Conditions, if any, which gove rise to immediate couse (a), stofing the underlying couse last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 12 3 82 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORE	CONDITIONS CONDITIONS	ONTRIBUTING TO D ZING HIONFOR WHICH HI IZING BE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	DEATH BUT NO DEATH BUT NO DEATH BUT NO DEATH BUT NO VY YEAR 19 27 38 37 ARM, ETC.) DEC	PRELATED TO THE TER VAS PERFORMED COLITS IL. HOW INJURY OCCU I. LOCATION STREET ATTENDING PHYSICIAN	MINAL DISEASE OF	20b. IF Y IN CER' OF INJURY IN ITEM 1. TY OR TOWN THE dote and h.	(ES, WERE FIND IN THEY ING CAUSES (YES [] 8 PART 1 OR PART 2)	GS USED OF DEATH? NO STATE hot (I) (we) lost ouses stoted
A A ILENDING PHYDICLAN: The lo hospitol or attending physicion. IRECTOR: After this certificate hos hed for use os the buriol-tronsit per pet. of Health and Mental Hygiene pet. tem 21 is marked or item 18 shows.	MEDICAL	Conditions, if any, which gove rise to immediate couse (a), stofing the underlying couse last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 12 3 82 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORE	CONDITIONS CONDITIONS	ONTRIBUTING TO DE STIPLE OF INJURY REET, FACTORY, OFFICE,	DEATH BUT NO OPERATION WE WATER 19 21 ARM, ETC.) 21 DEC.	TRELATED TO THE TER VAS PERFORMED COLUMN IL. HOW INJURY OCCU I. LOCATION STREET 19 And in (my) (our) opinion STREE ATTENDING	MINAL DISEASE OF THE PROPERTY	PRIODITION Y? 20b. IF Y IN CER OF INJURY IN ITEM I. TY OR TOWN TY OR TOWN TY A TOWN STAFF PHYSIC IAN TY A TALL T	(ES, WERE FIND IN. TIFYING CAUSES (YES B PART 1 OR PART 2) COUNTY 19 19 19 19 19 19 19	GS USED OF DEATH? NO STATE hot (I) (we) lost ouses stoted

4 d8 P1 40S \$1018 782KER. BG/ 10,1=0.00 a fact a date a mode of S. 1984 The San Company of the San Company of TO NO. 1. THE STATE OF THE BUILDINGS OF THE STATE OF THE MILE A SERVE OF THE STATE OF TH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

52	.5
Sale I	0

3

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
	DECEASED NAME FIRST	MIDDLE	ì	AST	20 DATE OF DEATH		YEAR	2b HOUR
L	Joseph	D.	Horvas	th Ir.	February.	13, 1983		M
3	SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
L	Male	White	Feb.	26 DAY 1913 AR	69	YRS		HOURS MIN.
1	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	/? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
Y	Baltimore	USA	WIDOWE		Baltimore	City		MD.
10	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 5203 CULTUM CULTUM 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 5203 CULTUM 12. NAME OF HOSPITAL, NURS	EJ ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	ION 12b I	KIND OF USTRY	BUSINESS OR
감	SUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COUN		WN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 5203 East	21224 ern Ive.		
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	Muro	LAST.	
	Joseph Horvath			Augusta			WIRL	
16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE			
L	NO	213-05-	2559	Maria Horvath	h 5203 Ea	stern Ave	•	
	PART I. DEATH WAS CAUSE	Uly one couse per line for (a) (b), c D BY: (E CAUSE (a) DUE TO OR AS A NISEO DUE TO, OR AS A CONSEO	eard	pulmonary	ien y Ayves	_	IWEENON	ATE INTERVAL 4SET AND DEATH
NO	PART 2 OTHER SIGNIFICANT C	(c)	DEATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVEN IN P	ART 110	
CEDTIEICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDING AUSES C	SS USED OF DEATH?
MEDICAL CER		P.M. 21e. PLACE OF INJURY	19	216. HOW INJURY OCCURR		2		
NA NA	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	, FARM ETC)	STREET	CITY OR TO	WN COU	NIY	STATE
	220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE		, or	nd that in (my) (our) apinion a DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c		
	22d. PHYSICIAN'S NAME (TYPE O	CHAN		22e ADDRESS	och Ra	0.4	id	MD
23	BURIAL, CREMATION, REMOVAL	0 17 00		EMETERY OR CREMATORY	Batto.	COUNTY	· M	d. STATE

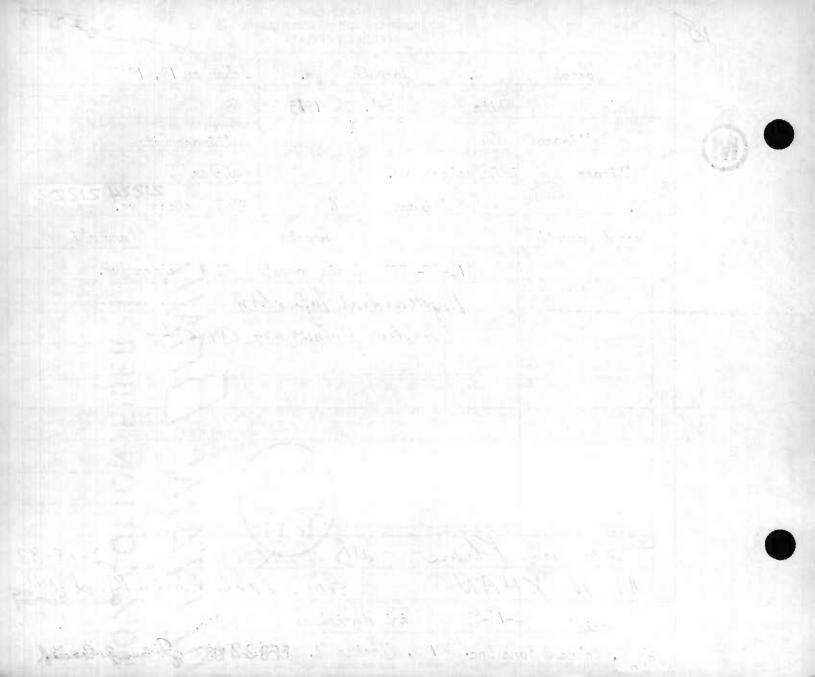
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

FOR STATE

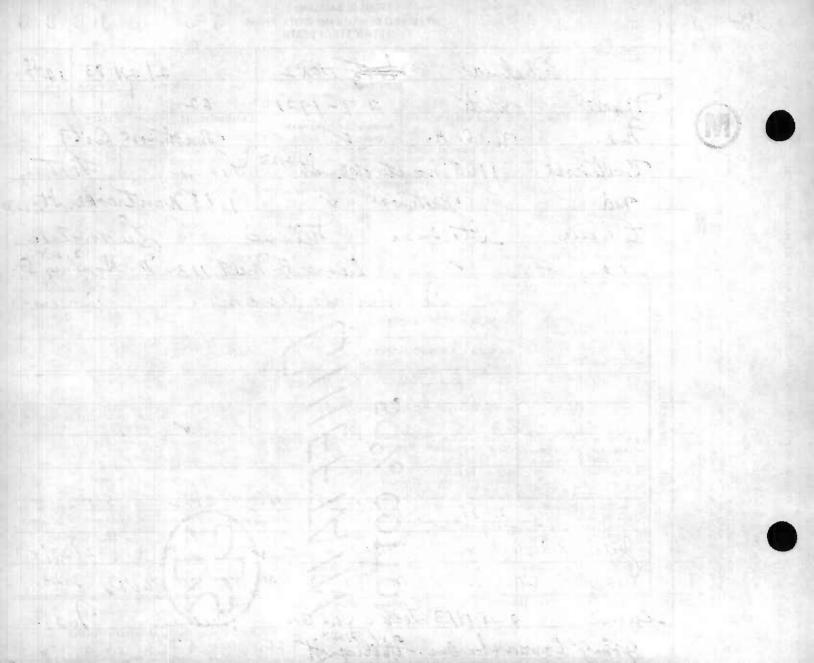
John M. Weber & Sons Inc. 40 PRESS. Chester St.

FEB 22 198? FEB 2 Can



THE STATE OF SECTION AND SECTION ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT the war to be the transfer of The state of the s

(VRA 15, 4)



4	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 👸 🗳	0	3 3	8 9
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST	race	P.	k	owo-d	20. DATE OF DEATH	Z (c	58 0	10 PA
vou (M)	3. SE	x female	4. RACE	مارى	June	19, 1894 FAR	6. AGE (IN YEARS LAST BIR	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1 33		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	US		WIDOWE		BACTIMORE CITY OF	E2 51	TTY	M
rs ofter of the filed with	B	ACTIMONE	(IF NOT IN SU	CH FACILITY, GIVE STREET	T ADDRESS)	OSP ITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake:	OF WORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS OR
AND 213	130.		ME OR OTHER INSTITUTION OUNTY	136, CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO [4040	212 esurch	.II Road	
ampletely and 2 sh			Lee Hall			15. MOTHER'S MAIDEN NA FIRST Anna	a Butler		LAST	
be executed be executed composed on ond composed to be emedical composed to be emedical composed to be emedical composed to be emedical composed to be emedical composed to be emedical composed to be emedical composed to be executed		VAS DECEASED EVER IN U.S res, no or unknown) (IF YE	S. GIVE WAR OR DATES)	216 12		DR. MICHARD	BENG SINAL			
NST., BALT certificate b ing physicia rremoval. iic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause pe AUSED BY: DIATE CAUSE (a)	r line for (a), (b), a					BETWEEN C	MATE INTERVAL PASET AND DEATH
. PRESTO. The death The attend remave ca emotion, a		Canditians, if any, which gave rise to immediate cause (a), stating the	h (b) e }	OR AS A CONSEQUENCE OF AS	حط		-P.		2 00	-17.
RDS, 201 W requires that in signed by . Then please r to burial, cr. injury, ar ath	Z	PART 2 OTHER SIGNIFICA	(c)			NOT RELATED TO THE TERM		DITION GIVE		
VISION OF VITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHIC	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
ION OF VITAL R HYSICIAN: The I nding physician. his certificate ha: buriof-transit pe Maental Hygieves or flem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
DIVISION O DING PHYSIC ar attending 1 ac as the burial olls and Merial marked or then	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	200	COUNTY	STATE
R ATTENDIF hospital ar RRECTOR: A hed far use it heat far use it hem 21 is ma		22a.l certify that (l) (this has a the deceased alive above, (l) (we) (did) (did)	e an 2/5	19-	-4 3	d that in (my) (aur) apinian	,		and fram the c	
H C C C C C C C C C C C C C C C C C C C		276. SIGNATURE	ched GE	3ae		ATTENDING PHYSICIAN	MEDICAL STA		2/6/	,
O HOSPITAL O Figure by the TO FUNERAL D should be detained with the State D With the State D		22d PHYSICIAN'S NAME IT	TYPE OR PRINT	30		220 ADDRESS Suite 400,71	1 468 H, B	off 217	210	
BP		Burial, cremation, remo (SPECIFY) Burial	2/10/			Crove Compte	23d. LOCATION CITY OF TOWN Phoeni		COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director Burgee Funera	l Home 3	631 Fall			EB 71983	25b. BYSTR	AR'S SIQUAT	Thill

Mary Commercial Commer				
	iravo:		ээд	
	and at o	gi.		
		17	ain.	23/2"
restero co				
in on the second				
to Day 1		101	Sept rosun	
Company of the second		MALE I		0"
		4 144		
			1 10	
F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	- W O-		1	20
. Boomix sulto. do. M.	- ÷ >=0 == 0.000 == 0.000	(1)	\	[in the
A STATE OF THE STA	COLUMN DECIMENT	7		

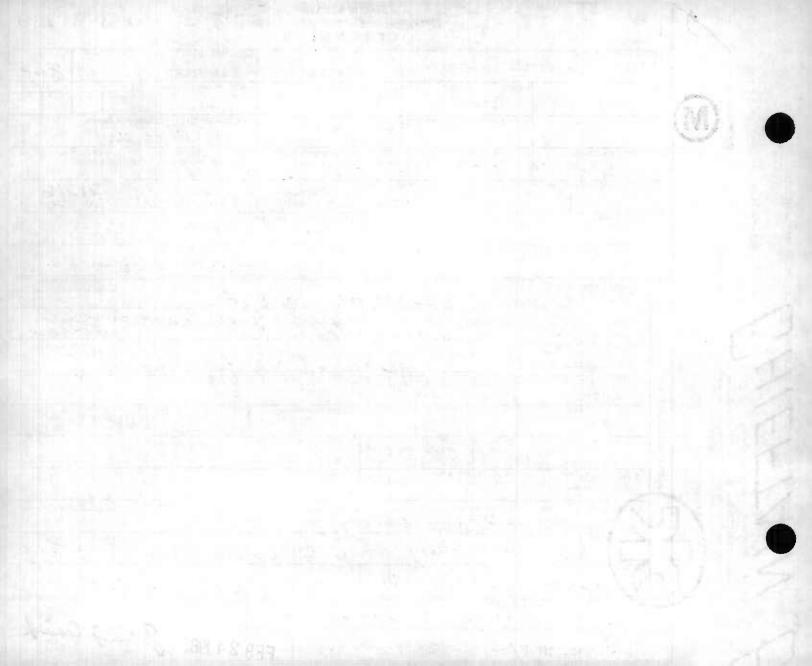
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Wm. C. March F/H

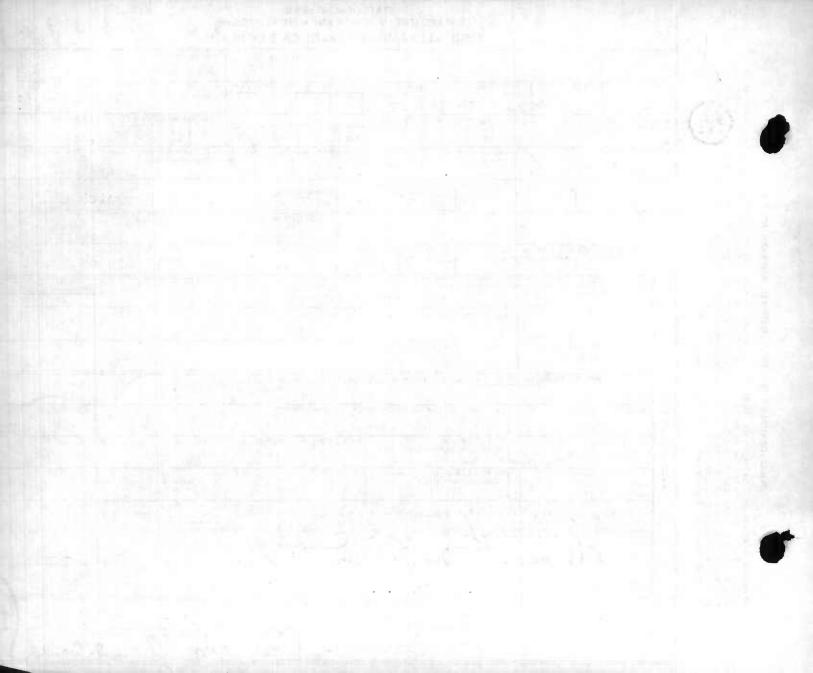
(VRA 15, 4)

- STATE



		FOR			EPARTM	ENT OF HE	ALTH	AND MENTAL H	YGIEN	3 3		3	8	9
		STATE REGISTRAR		MED	ICAL E	XAMINE	R'S CI	ERTIFICATE O	F DEA	TH	REG. NO).		
		CEASED NA	ME FIRST		WIDOLE		L	AST	Т	20. DATE	KNOWN &		DAY YEA	R 2b HOUR
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	[TYP	E OR PRINT)	Man		C.		ы	lsu		Or	MATED [1919 8	3
PLEASE RECTOR. IR FILES. HOURS STREET,	3. SEX		14 RACE	S DATE OF BIRTH		AGE (IN YEARS	_	DER 1 YR. IF UNDER	24 HRS	2c. DATE		MONTH	DAY YE	- /**
STATE			V	MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS			PRONOUN	ICED		4.0	9:21
37		MALE	DRIENTAL	APRIL 5,	189/	85 YRS.				DEAD		2 P COUNT	19 19 8 Y OF DEATH	3 M
SAR IVI L		REIGN COUNTRY	n		AI COUNT	KY?	MARRIE	D NEVER MARRI	ED 🗌	7. DALIM	OKE CITT O	COUNT	OFDEATH	
25	1	TAIWA		TAIWAN			VIDOWE	4343			more (MD.
SHREET.	10. CI	TY OR TOW	N OF DEATH	11. NAME OF HOSE			R OTHE	R INSTITUTION		AL OCCUI		OF WORK	12b KIND OF OR INDU	BUSINESS
TASSET		Balti	more	Union Me	emoria	I Hosp	ital			E MAI				
	USUA 136. S	L RESIDENC	E (IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	13c. CITY C	FORE ADMISSION		13d. INSIDE CITY LIMITS?	lia cros	ET ADDRE	cc			
AND 3 RETAIN RECOR	100. 3	MD.	138. COON	11		LIMORE		YES NO D	380	O FEI	NO HURC	H RD.	21218	3
AL S.3.	14. F/	THER'S NA	M.F.				-	15 MOTHER'S MAIDE	-	-		11 1(D)	2424	
AGES 1, 2, RM PM 3. 1 AND 2 S. OFWITAL)	PINO		MIDDLE		ST		FIRST		M	IDDLE		LAST	
005 €0	24 - N		SED EVER IN U.S. ARA	LED FORCECO	CHI		0	?			ADDRESS		?	
E SESSION I	100. Y	ES, NO, OR UNK	NOWN) (IF YES, GIVE)	WAR OR DATES)	- 70	AL SECURITY N								
BU GIVE PAR 18. GIVE PAR WITH FOR IT. PAGES 1		NO			NOI	VE		YAO-KING H	HSU	3800	FENCH	URCH	RD. 21	.218
W W W	>		OF DEATH (Enter onl		lor (o), (b),	ond (c).)			77		1	100 E	APPROXIA BETWEEN OF	NATE INTERVAL
N S S S S S S S S S S S S S S S S S S S		PARITI	DEATH WAS CAUSED	E CAUSE (o) AS	pirati	ion of	bolu	is of food						
5 2 E E E E E E E E E E E E E E E E E E			10 montes	(-)		EQUENCE OF								
201 W. PRESTON ST JTED WITHIN 24 HOU IN PENCIL IN ITEM 19 KRAMINER ALONG IAL - THE PERMIN OME OF REMOVAL.		Condit	ions, if ony, which										HITCH.	
R A A A A A A A A A A A A A A A A A A A			rise to immediate o) stating the under-	(b)										
AEN TANK			ouse lost.	DUE 10, OR	AS A CONS	EQUENCE OF								
O P E E E				(c)							Mark			
NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL CATE, WRITING THE WORD "PENDING". IN PENCIL IN ITEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TOR: PAGE 31 SHOULD BE USED AS A BURIAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATE	O TO THE TERMINAL	OISEASE (OR CONDITION GIVEN IN PAR	RT 1 (0)					
S A S E	CERTIFICATION													
SE SE SE SE SE SE SE SE SE SE SE SE SE S	I	19a DATE C	OF OPERATION	19b. CONDIT	ON FOR W	HICH OPERATI	ION WA	S PERFORMED?				71	20 AUTOP	SY?
S S H S S S	F												YES [I NO KI
B B B B	ERT	210 EXTER	NAL CAUSE WAS	21b. TIME OF HOUR AM	INJURY		21c. HO	W INJURY OCCURRED	D JENTER N	ATURE OF INJ	URY IN ITEM 18 P	ART I OR PAR		NO K
2 = = = = = = = = = = = = = = = = = = =		UNDERLYIN	NG OR				-						,	
EP5588	2		TING CAUSE OF D	DEATH 8 P.M.	_	19 1983		oked on bol	lus_c	f foo	od			
OED SED	MEDICAL	WHILE		STREET, FACTO	PRY, FARM, ETC		211 LOC	REET		CITY OR TO	WN	cou	NTY	STATE
WARI WARI PAGE 2120		AT WORK	AT WORK	h.	ome	407	3800	Fenchurch	n Rd.	Bal-	rimore			Md.
RW RW ST. 2	-	22- 1	rtify that I took charge		3	e, held on	Autopsy			Inquiry		1.	- 170	
A QUE TO	1				1 5	V	m'					d in my opi	inion	
SERDESO!	1	death resu	olted from:	cours L.	ident /	A, Suicid	le 🔲,	Homicide	Undete	rmined mo	nner,			
A WERE		ACTUAL	///	- 1 - V	1 /	1	-	TITLE (SPECIFY)						
AHONE, -		SIGNATUR	F ///	mont	140	uxu	M.E	Deputy Chi	ie faedi	CAL EXAM	INER	DATE	2/21	/83
SEA SEA			100	,		-								
MEDI CUTE SE 4 FUNI FUNI TIMO		(TYPE OR P	S NAME Thom	as D. Smi	th. M.	D.	Δ	DDRESS	II Pe	nn St	Ba	Ito.,	MD.	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	730 P		ATION, REMOVAL 2			ME OF CEMET		DDRESS						
	(3	PECIFY)			-					CATION		COUN		STATE
BP	24.5	BURIA INERAL DIR		FEB. 26,19	331 DI	JLANEY	VALL						TIMORE	MD.
DHMH - 17	Z4 F	NAME	ECTOR	ADDRESS				25a. DATE R			K ZO KEGI	STRAR'S SI	Cohel	A.
(VR A15 ME (5))	M	ITCHE!	LL-WIEDEFE	LD HOME 6	500 Y	ORK RD.	21	212 MAR	0	1983	a	~~		
20AA 4/82														

20M 4/82



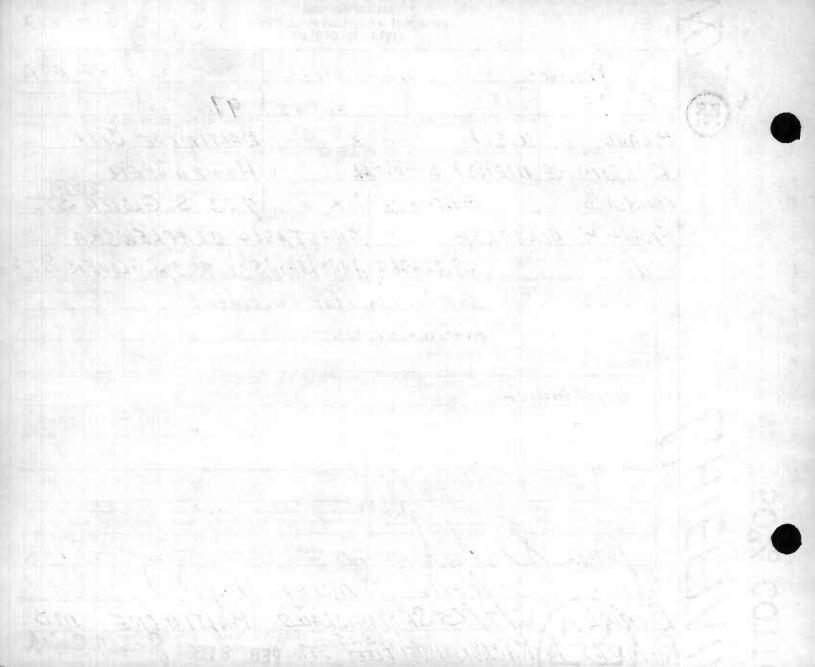
	1	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE B 3	0 3 8 9 3
noy be		CEASED NAME FIRST CATH	HERINE E.		N AST	20. DATE OF DEATH MONTH	4 83 2 HOUR 4
ge 4 moy ctor, pog	3. SE	× Female	4. RACE White	5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
8 (M)3	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY). Balto. Md.	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
oy the ided	10. C	BALTIMORE	(IE NIOT IN SUCH EACHIEV.		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
YLAND 212: thin 24 hour ely filled in b 2 should be fi inelmust be	130.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	Bas	to. City	13d INSIDE CITY LIMITS? YES NO 1	Sales Person 13e STREET ADDRESS 1108 & Belve	dere Ave 21212
E, MAR complet	240)	Charles VAS DECEASED EVER IN U.S. A	Cook	LAST		beth A. Schunck	
BALTIMORE, cote be execu- systicion and co spers. Pages 1 vol.			ive war or dates) 2/4	1-20-1174	Mr. John J.		7 Parkmont Ave.
- 4 d d d d		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o ED BY: ATE CAUSE (o)	O), (b), and (c)	DIAC ARRE	257	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NUMBER
W. PRESTON ST the death certi the attending p se remove carbon cremotion, or ren the recommentic ev		1469 Conditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF	P. ACLOUSIS		2-3-d
by the cose remo		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENTE OF	o Farring		24/11
RDS, 201 equires the n signed b Then pleos to buriol, n ury, or o	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	0 1 1	AINAL DISEASE OR CONDITION O	SIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion. frer this certificote has been sign os the buriol-trons;t permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION 1/31/83	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIA	NTH DAY YEAR	21 NOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	IS PART I OR PART 2)
DING PHYSICIA or oftending p After this certifice os the buriol- oith and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	RY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI intolori TOR: A or use of Heol		22a 1 certify that (I) (this hosp sow the deceased alive or	2111	19 85	d that in (my) (our) opinion	, todeoth occurred on the date and h	, 19 , that (I) (we) lost nour and from the causes stated
SPITAL OR ATT d by the hospi NERAL DRECTY be detoched fo e Stote Dept. of TANT: if them 2"		22b. SIGNATORE	a Hadley		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	214/13
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (EVEN)	1 11 11	u.D.	Unow HEA	1. HOP. UNN.	PKUY, BAUTO, MD
BP	23a E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE	23; NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	INERAL DIRECTOR	Inc-6415 Be	Appress Rd2	thedral (eme	B 7 1983	Cabula

The store of the store of المرابع المراب ola . sider da-1/2 adiir di-1/2 a file 7983 John Dilling STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

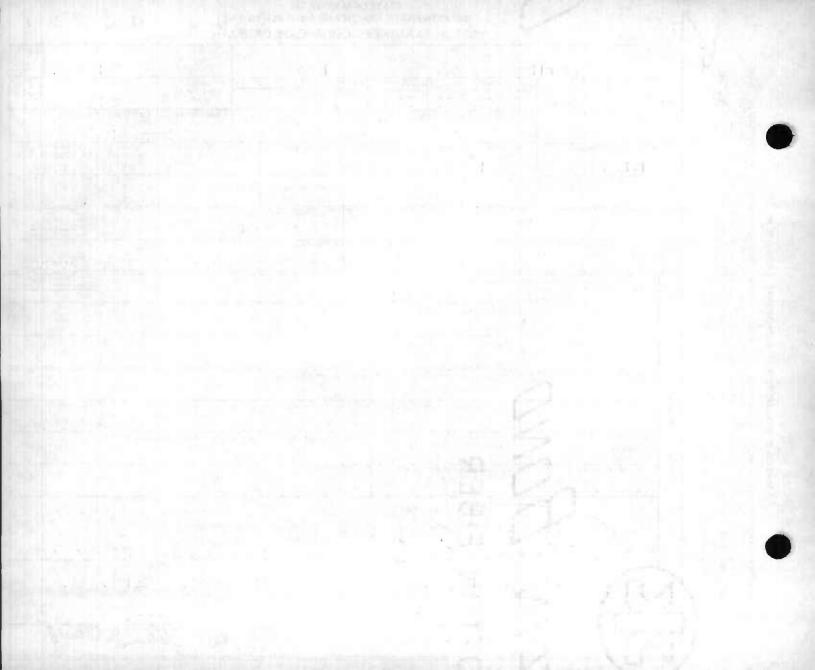
February, 1963 tale of the state of the same clt or the contract · itte tond into the contains SHE to Mill Tite. But Sank will get to the Street ingles and infer consider the constant of the ur ce succel ope, eltirone, cardend

NAME OF THE PARTY			
TOWN THE PERSON OF THE PARTY NAMED	THE STREET	Elizabeth Control	
	\$8 SE		
THE STATE OF STATE			
The state of the s		decide decide this	
COTO DACET COURT VETT		\$200134 no	bgnayan
			to sail
The dental speak to be used to	TOTAL TOTAL		
		1 - But 1 - 1	
		and the second	The State of the State of
	1 2 2 2 2 2 2		at he had a second
EXCEPTION OF THE PROPERTY OF	grad Seed fart		- Green Co.
· ·			
A PARAMERICA STRUCTURE TO A STRUCTURE OF THE STRUCTURE OF			

t	1	FOR - STATE REGISTRAR	DEPARTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 👸 🕉	0 3 8 9 6
oth. Page 4 may be	3. SE	F	RACE S DATE (MONTH CITIZEN OF WHAT COUNTRY? 8	DAY YEAR 30 85 D NEVER MARRIED		ADAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
iin 24 hours offer de iy filled in by the to should be filled billing	USU 130.	AL RESIDENCE (IF NURSING HOME OR OTHER STATE	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVES PREET ADDRESS) FR INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	OR OTHER INSTITUTION AL 13d. INSIDE CITY LIMITS? YES A NO	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF 130. STREET ADDRESS 123	
executed with	160	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMÉT YES, NOORUNKNOWN) (IF YES, GIVE W.	ASZEK D FORCES? 166 SOCIAL SECURITY NO. AN OR DATES) 219 2262	ANASTAS	ADDRES Ski 123	PLEWSKA S. GLOVER ST
equires that the death certificate be no signed by the attending physician. Then please remove carbon papers. To burial, cremation, or removal. injury, or other froumatic event, the means that the means the means that the means the means that the means the means that the means the means the means that the means the mean	NO	PARTI. DEATH WAS CAUSED B 4360 IMMEDIATE C Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) AT TONIOSCIENCE DUE TO, OR AS A CONSEQUENCE OF (c) DITTON'S CONTRIBUTING TO DEATH BUT		eident NAL DISEASE OR CONDI	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH ITION GIVEN IN PART TIO
on. The law r. That bee has bee the prior	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
L OR ATTENDING PHYSICIA the hospital or attending pl L DIRECTOR: After this certif toched for use as the burial-t toched for use as the burial-t e Dept. of Health and Mental if item 21 is marked or item	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE AT WORK AT WORK 22e.1 certify that (1) (this haspital) saw the deceased alive an above, (Wilwe) (did) (did not will alive and alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did not will alive and above, (Wilwe) (did) (did) (did not will alive and above, (Wilwe) (did) (did) (did not will alive and above, (Wilwe) (did) (did) (did not will alive and above, (Wilwe) (did) (di	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ottended the deceosed from 19 3, ottended the deceosed from	211, LOCATION STREET 19 8-3 nd that in (my) (our) opinion de DEGREE ATTENDING PHYSICIAN	city or town	N COUNTY STATE 19 83, that (I) (we) lost e and hour and from the causes stated 22c. DATE SIGNED
TO HOO retoined TO Ful should with th	134.	224 MYSICIAN S NAME (I'VI ON RE MRIAL CREMATION, REMOVAL 2	St. Marti	EMETERY OR CREMATORY	10501ta	nasm.
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	K	WERAL DIRECTOR OF MEDIALS A	RACZOROWSKI FI	NISTALLS 525 250 DATE FET ST, FE	REC D. BY REGISTRAR 29	ST DE GISTAR'S SIGNATURE



								ARYLAN			,	er.	ruta	- 23	0 =
	FOR STATE					MENT OF				U	3	U	3	8	9/
	REGISTRAR CEASED NAME	FIRST		MEL	MIDDLE	EXAMIN	EK 2 C	LAST	CATEU			G. NO.			EAR 75 HOU
	E OR PRINT)										OF ESTI				
2 (5)		Sterl		DIOTLI	N.	AGE (IN YE	no I IE I IA	Imes			EATH MATE				83 A HOU
3. SE)	34 55		5. DATE OF	DAY	YEAR	LAST BIRTHD	AY) MONTE	DER 1 YR.	IF UNDER		DATE NOUNCED	7410	14111	/^	12:3
	RIHPLACE (STATE	Black	7 76. CITIZEN	21	31	51 Y	RS.			0.0	DEAD ALTIMORE C	ITY OR C		9 19	
	REIGN COUNTRY)	OK.	75. CHIZEN			URY?		IED NE		IED 📙					7
0.0	MD TY OR TOWN OF	DEATH	III NIAME O		SA	BCING HOME	WIDOW			ED XX	Balti				M M
	Baltimore	9	520	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5201 Gwynn Oak Avenue						7ORK 1129	OR IND	USTRY			
	L RESIDENCE (IF I	N NURSING HOME C		TION, GIVE	E RESIDENCE	OR TOWN	(NC	13d. INSIDE CI	ITY LIMITS	13e. STREET	DDRESS			2:	1207
MI		130. COON				ltimor	re	YES X	NO 🗆		1 Gwy	nn C	ak	Avei	nue
14. F/	THER'S NAME		MIDDLE			LAST	- / /	15. MOTHE	R'S MAIDE		WIDDLE			EAST	
	Virgi	1	MODEL			nes			Lill	ian	MIDDLE				rter
	VAS DECEASED E	VER IN U.S. ARA	MED FORCES	?	166 SO	CIAL SECURIT	Y NO.	17. INFORA			ADE	RESS			
(1	Yes	(IF TES, GIVE	WAR OR DATES)		220	0-24-2	2124	Ruth	n I.	Smart	2309	Ash	lan	d A	venue
	18 CAUSE OF D	EATH (Enter an	ly ane cause p	oer line f										APPROX	MATE INTERVAL
	PARTIDEAT	H WAS CAUSED	D BY: TE CAUSE (a).		_	umonia									A THE DEATH
	480	00	(-)		AS A CON	NSEQUENCE	OF						72		50.55
7		if ony, which to immediate	(b)	8.75											
	cause (a) sta	iting the under-			AS A CON	SEQUENCE	OF								
	lying couse	OST.	(c)												
	PART 2 OTHER SIGNI	ICANT CONDITIONS	CONTRIBUTING TO	OEATH R	UT NOT REL	TEO TO THE TERM	INAL OISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a).					
O					611	200	350					100	935	15.	
CAT	19a DATE OF OF	ERATION	19b. C	ONDITI	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				7	20 AUTO	PSY?
CERTIFICATION								19						YES X	ON Q
	21a EXTERNAL C	_		IME OF JR A.M.	MONTH	DAY YEAR		OW INJURY	OCCURRE	D LENTER NATUR	E OF INJURY IN I	TEM 18 PART 1	OR PART 2)		
CAL	CONTRIBUTING	CAUSE OF E	DEATH	P.M.		19		10	1000					c in	
MEDICAL	21d. INJURY OCC	URRED			ORY, FARM, E			CATION		CIT	Y OR TOWN		COUNTY	,	STATE
~		TWORK													
	22a. I certify t	hot Leak charg	e of the rema	ins pless	5ed obc	ive, held dn	Autop	sy 🖺.	Inspectio	n , ir	iquiry .	ond in	ту аріпіс	on	
	deoth resulted	1	ral courses []	W 1	Accident		icide	Homic			ned monner		,		
		17		1//	11			TITLE (S							
	SIGNATURE	14	ornor	K	The	N.	M			e fmedical	EXAMINER		ATE	2/20	0/83
		/				-							101122		
	(TYPE OR PRINT)		as D.	Smit	h, M	.D.		ADDRESS_		I Penn	St.	Ва	100.	, MD.	•
	URIAL, CREMATIC	,			23c. 1	NAME OF CE	METERY O	RCREMATO	ORY	23d. LOCAT	ION		COUNTY		STATE
	Buri		2/24/	83	1	Md. Ve	eter				ownsy	ille	2		MD
	UNERAL DIRECTO		/17 1	ADDRESS	_	NT 1 7			250. DATE	2 2 19	1STRAR	PRECISIRA	RECT	THRE	48
144	. C. M	arch F	/ 1 1	101	. E.	Nort	n AV	е.	ILL	2 4 13	0	2577250	_		-
_															



10		FOR STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.							
			EASED NAME	FIRST	,	MIDDLE	Jabl	nski	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
inctor, page 3	1	(TYPE OR PRINT) a clam			W		1 abloneki			2 1	7 83	3:10 PM
od ,	1	. SEX	SEX		4. RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	UNDER 1 YEAR		
ctor s of			m	30	White		3 29 14		68			
9 8	-		THPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	-NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
20 05	5		mD		11. NAME OF HOSPITAL, NURSING		WIDOWED DIVORCED DISTRIBUTION		Baltimare		12b. KIND OF BOSINESS OR	
21		O CI	Y OR TOWN OF DEA	тн					120. USUAL OCCUPATI			
T T	3	1		ORE	South.	Baltim	ONE	Feneral Hos	Mechani	2	Auto	Repair
9 4		13a. S	L RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	700 T		
LE	5		Md	A	Α	Baltim	ore	YES NO	106 E. At	udrey	Ave 2	21225
1		4. FA	THER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	0.00	IAS	
102	10		John			Jablon	ski	Änn	***************************************		Nic	chols
8			AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
1	2	(4	No	(IF TES, GIVE	WAR OR DATES	215012	320	Mrs Sophi	e H. Jablo	onski	Same	e as 13
10.0	F		18. CAUSE OF DEATH	(Enter an	y ane couse per	line for (a), (b), on-	d (c).)				APPROXIE BETWEEN C	MATE INTERVAL ONSET AND DEATH
went.			18. CAUSE OF DEATH PART I. DEATH W.		BY: E CAUSE (a)	Card	caeni	shoch				
ice in			4100	IMMEDIAI			0					
and a			Conditions, if ony,	which	DUE TO, O	R AS A CONSEQUE	NCE OF	ora distin	bustiens			
tro.			gove rise to imm	ediote	(b)	ou	00 100	Carpen, pro	2000			
the of			couse (a), stating underlying cause		1	R AS A CONSEQUE	NCE OF				1009	
or or			DART 2 OTHER SICA	UEIC ANT C	(c)	ONTRIBUTING TO	DEATH BUT	NOT RELAJED TO THE TERM	INIAI DISEASE OR CON	DITION GIVE	N IN PART 1/a	
inu)		Z	SAN AND A		OPP	Of Febru	ile	w distase	INAL DISEASE OR CON	JITON GIVE	NIN PARTITO	
-4 6		CERTIFICATION	19s. DATE OF OPERAT				OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES,		, WERE FINDINGS USED	
D Take	2	FFC							YES TI NOTO	IN CERTIFY YES	ING CAUSES	OF DEATH?
9 8 m	2	ERT	21g. ACCIDENT WAS UND	ERLYING [21b. TIME O	F INJURY	-	21c. HOW INJURY OCCUR		1		110
1 20	-6.		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR					
r hem		MEDICAL	(IF EITHER, NOTIFY MEDIC		21e. PLACE		19	21F. LOCATION				
N pu	-1	MEI			(AT HOME, ST	REET, FACTORY OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
lih o		100	AT WORK NOT WH				-	2/16 10 83	10 2/17	100		
1			220. I certify that (I) sow the decease		~ ~ 1	e deceosed from_	0.400	d that in (my) (our) opinion	, 10	ate and hour		that (f) (we) lost
2 0			above, (I) (we) (d	id) (did no		ofter death.			deoth occorred on the di	THE OTHER MOOF		
Dep			226 SIGNATURE	1/		1 1-		DEGREE ATTENDING	MEDICAL STA	FF . A	22c. DATE	SIGNED
	_			Ka	uen L	leutes		PHYSICIAN	DIRECTOR PHYSIC		21	11/83
TA I	1		22d. PHYSICIAN'S NA			. 1		220 ADDRESS				111
with the State				K	AREN	VELVION	27 6	S. Balto Ger	reval Hospi	tal 30	10°4 5.1	Hanever St.
5 3 ≥7			URIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		- (Buria	1	2/21	/83 H	oly	Rosary Cem.	Baltin	nore	Balt	0 . 14
OM 4/82	1		INERAL DIRECTOR				Balte) . Md 250. DAT	E REC'D. BY REGISTRAR	251 (6015)	ARS STATA	awell
UM 4/ BZ	1	Ge	orge J.	Gone	e 4001	Ritchi	e Her	VV WA	EB 2 2 1983	100	-0	

recipe of the minerage was below ASSES CAN ART IN LEGAL IN THE Control Little Little Land

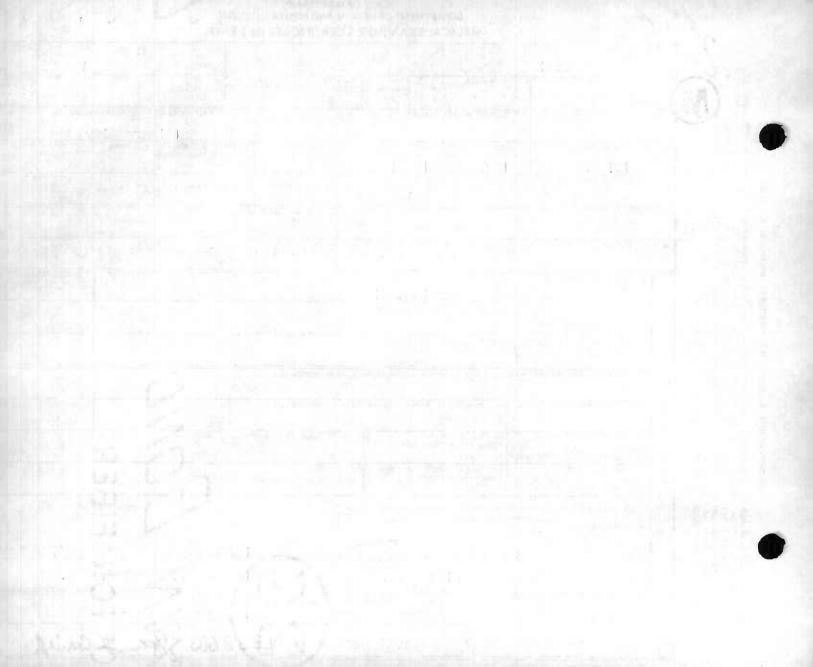
STATE OF MARYLAND

will

consider the state of the

Burial 12 Feb. 63 Augel dill Jemeter da on ce trace de l'ora Carring de ruite de la company de la co

/1	1-	FOR STATE REGISTRAR					ST MENT O EX AMI	FHEAL		MENTA		EATH		O	3	P	0	0
)		CEASED NAME E OR PRINT)	Naomi			MIDDLE			Jacks	son			E KNOV	D 🗆	MONTH 2	1819	83	2b HOUR M
W		male	Black	5. DATE OF MONTH 10	19	YEAR 23	6 AGE (IN LAST BIRT 59		NIHS DAY		S MIN	PRONO	OUNCED AD		2		83	4:45F
73	FO	RTHPLACE (STA REIGN COUNTRY)	VA	76. CITIZEN		USA		WIDO	WED [ORCED [X.	Balti	imore	e Cit	ty.		MD.
0		Baltime	ore	160	7 Ha	res	y Pla	s) ICe	THER INST	IIIUIION	120.	FOR MOST OF	WORKING LIF	FE)	WORK	OR IN	NDUSTR'	Υ
5	13a. S	MD	IF IN NURSING HOME		JTION, GIV	13° Ba	Ttim	ore	YES	_		STEE OF	PRESS Ha:	skes	ley	r Pl	212 ace	13
	14. FA	John		WIDDLE	Ja	acks				other's M First Man	AIDEN NA 11e	AME	MIDDLE		- 19	LAS	ī	
	160 V	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. AR	RMED FORCES E WAR OR DATES)	5?		-24-		Pr	isci	lla	John	son	223	N.	Ca	stl	e St
00	NO	gove rise couse (o) s lying cause	s, if any, which to immediate stating the under- e last.	(b) DUE 1) TO, OR	AS A COI	NSEQUENC	E OF	EASE OR CONG	OITION GIVEN	IN PART 1 (a	0.						an an air a diagram ann an - dan 1778
7	CERTIFICATION	19a. DATE OF	OPERATION	19b. C	CONDIT	ION FOR	WHICH OF	PERATION	WAS PER	FORMED?		T _i				100	TOPSY?	NO 🗆
3	MEDICAL CERT	21d. INJURY O	OR IG CAUSE OF CCURRED	DEATH 21e F	P.M.	MONTH OF INJURY	19 (AT HOME	AR	HOW INJ		URRED (EN	NTER NATURE C	PF INJURY IN I	ITEM 18 PARI	T 1 OR PART			STATE
2	*	AT WORK	that I took chard d fram: Nay		oins dese	Accident	ove, held of	Suicide	opsy X	lomicide [LE (SPECIF Sputy	Chiç], Inquindetermined MÉDICAL EX	d monner		n my opi DATE SIGNED	inian	/19/	
	23a. B		ION, REMOVAL	236. DATE 2/23/	/83		name of (OR CREM	MATORY		d LOCATIO	1	stow	count	ıΤΥ	STA M	
		UNERAL DIRECT					Nort			25a, D	ATE REC'D	2 198	TRAR 1256			GAL	ies	
													- 0		-V			



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13e. STREET ADDRESS

4503 Arabia Ave

Sears Robuck &

21214

REG. NO 2n DATE OF DEATH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 86 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK MEMOS OF WORKING LIFE)

Dept NGXXNANA INDUSTRY

. DECEASED NAME LAST TYPE OR PRINTI WILLIAM JACOBY 4 RACE 5. DATE OF BIRTH Male April 22, 1896 White TE BIRTHPLACE ISTATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED NEVER MARRIED WIDOWED

DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION UNION MEMORIAL HOSPITAL

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Maryland 13b COUNTY Baltimore 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

MIDDLE William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Martha 17 INFORMANT Mrs Pauline M Hudy

18. CAUSE OF DEATH (Enter only one cause per line for (a), jb), and (c PART I. DEATH WAS CAUSED BY -ourc IMMEDIATE CAUSE (a Canditians, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF Tedrs OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF

YES X

190 DATE OF OPERATION

21d. INJURY OCCURRED

226. SIGNATURE

FOR

- STATE

REGISTRAR

Penna.

10 CITY OR TOWN OF DEATH

BALTIMORE

Yes

216 TIME OF INJURY

71n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY

2/17/83

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

ATTENDING

PHYSICIAN

CITY OR TOWN COUNTY STATE

NO [

22d PHYSICIAN'S NAME

NOT WHILE

220 I certify that (1) (this hospital) attended the deceased from

we (did) (did nat) view the body after death

22e ADDRESS

DEGREE

DIRECTOR PHYSICIAN

23d LOCATION

and that in (my (aur) pinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

22c. DATE SIGNED

20b IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

23a BURIAL CREMATION REMOVAL

23t NAME OF CEMETERY OR CREMATORY Riverview

CITY OF TOWN Portland, Penna.

XXXXXXXXXX

CERTIFICATION

00

te

0

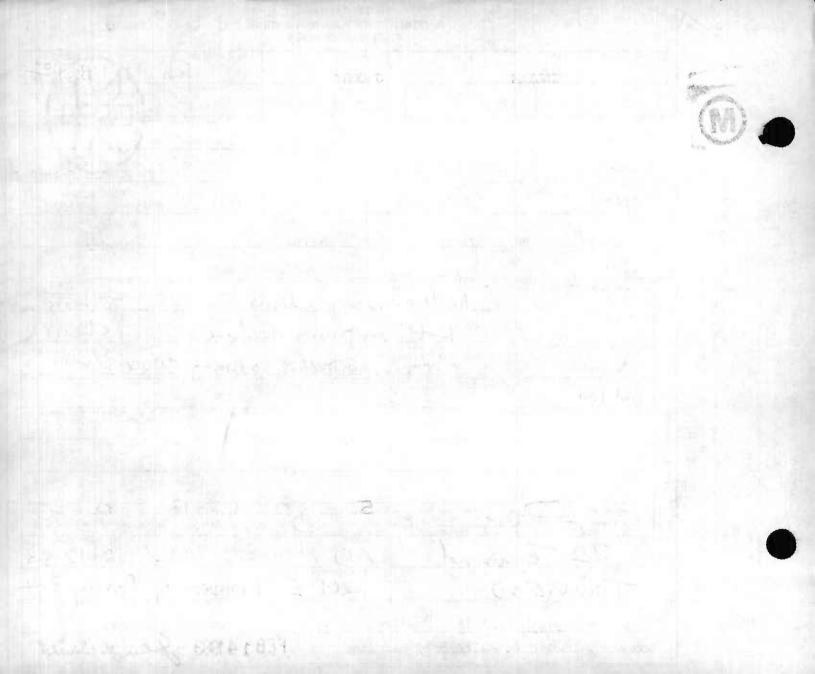
porked

MPORTANT

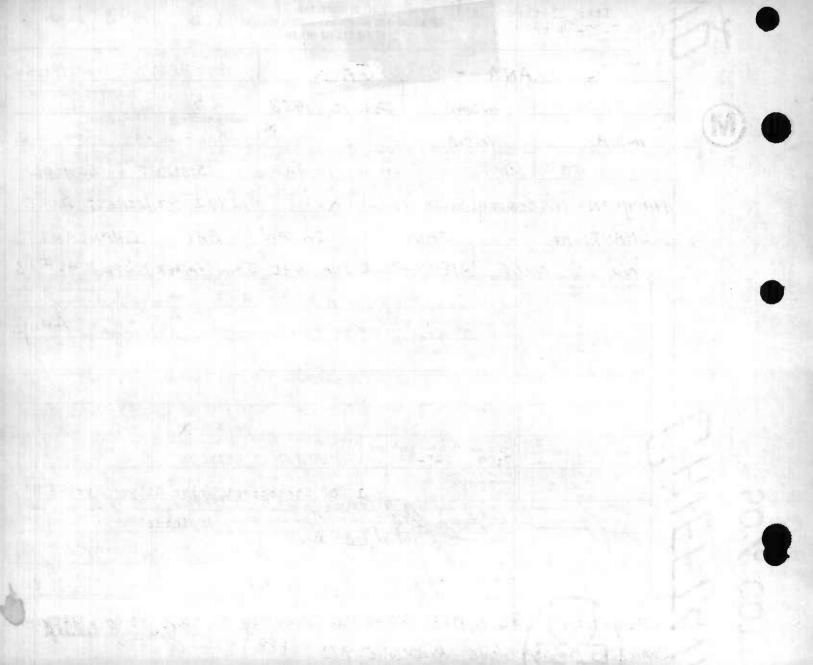
Leonard J Ruck Inc. Baltimore, Maryland

MEDICAL

DHMH - 16 50M 1/81 (VRA 15, 4)



1	1	Item 21ath FOR - STATE 2-27-84 cn	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O
1.		REGISTRAR ECEASED NAME FIRST	CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR
pe 3	[17]	SADHA	ANA - JAIN FEB 9 1983 18:06
moy pog er de	3. S		RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HE
96		FEMALE	INDIAN JAN. 12. 1958 25 YRS. MONTHS DAYS HOURS MIN
e (M)	7a E	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
de de de de de de de de de de de de de d	1	INDIA	INDIA WIDOWED DIVORCED DALTIMORE CITY
s after by th filed	8	BALTIMORE	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MARY LAND TWS TITUTE OF EM. Mass. S.S. STUDENT SCHOOL
24 hou filled in ould be	5 13a.	STATE 131. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 130. CITY OR TOWN 131. CITY OR TOWN 132. INSIDE CITY LIMITS? 130. STREET ADDRESS 12802 STONECREST DRIVE
2 sh	14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME
omple ond	0	SHANTILAL	- JAIN JATAN BAI BHANDARI
ond co		WAS DECEASED EVER IN U.S. ARME (YES. NO OR UNKNOWN) (IF YES. GIVE W	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
cion Gion Gion Gion Gion Gion Gion Gion G	-		NORWANI OF THE PROPERTY OF THE
physical physical population property.		PART I. DEATH WAS CAUSED B	BY: CARDIODECARD A TORY APRECT
certi ing l ing l ing l		9509	land 1
tend trend ve co ion, c	1	Conditions, if any which	OUE TO, OR AS A CONSEQUENCE OF POISONING 683 mergh? Adam
the a		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
that by sose ol, cr		underlying couse lost.	(c)
signed hen ple to buris	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
been mit. I prior any ir	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED
on. he lo	ス ド		YES NO YES NO YES NO NO
JAN: Ti physical inficate I-transit of Hygin	7 8	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART LOR PART 2)
trSiCIAN: ding physis is certificat burial-tran Mental Hy burial-tran	7 3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	7:00 M. 2-5-83 19 PATIENT TOOK CYAMODE
A Maria	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY [AT HOME PLACEORY, OFFICE, FARM, ETC.] 211. LOCATION STREET CITY OR TOWN COUNTY STATE
	1	AT WORK NOT WHILE AT WORK	12802 Stonecrest Drive Silver Spring Mo
ATTENDING sspital or att CTOR: After d for use as tld for use the column of the column		220.1 certify that (1) (this hospital)	0 - 1 - 1 - 1 - 1
R ATTE hospite RECTO ned for spt. of i	4	obove, (I) (wa) (did not) v	view the body ofter death
the hotel I DIRE tochecter e Depti	1	226. SIGNATURE	ATTENDING AMEDICAL STAFF . CO. DATE SIGNED
A A = -		1ch	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
retained by TO FUNER, should be diwith the Sto		22d. PHYSICIAN'S STAME (TYPE OR PR	TROOP M.D. 22 5. GREENE BALTO. MD. 2128
1.0	23a.		236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP 6 0 9		CREMATION	FEB. 10, 1983 CEDAR HILL CREMATORY SUITING PG CO. MARKENIA
DHMH - 16 50M 4/B2	24	UNERAL DIRECTOR	250. DATE RICD BY REGISTRARITY IGISTRALIS CALLERY
(VRA 15, 4)	C	HAMIBERS FUNERAL	L HOME RIVERDAVE, MD. FED I DOOD



BP. DHMH - 16 50M 1/81 (VRA 15, 4) FOR - STATE

1. DECEASED NAME

REGISTRAR

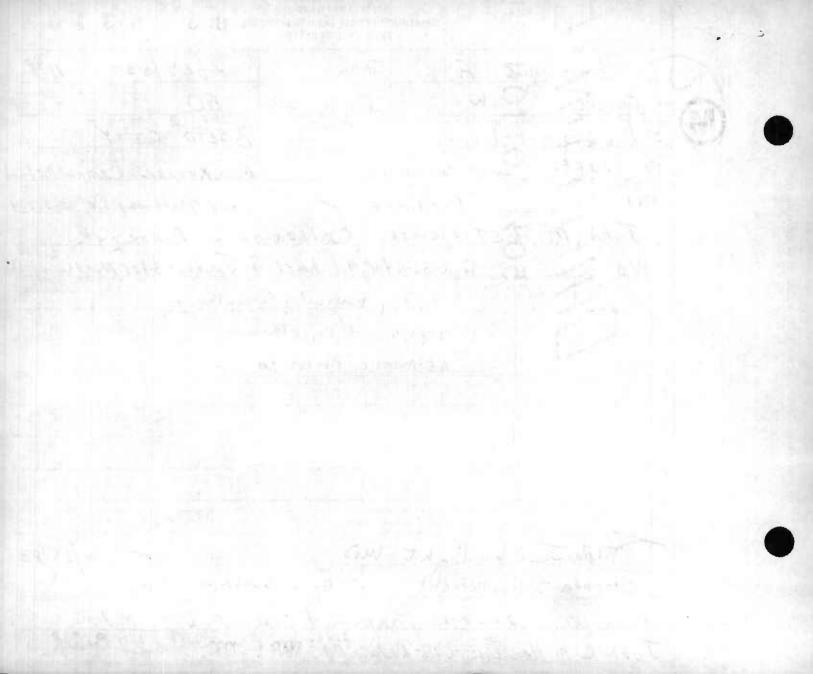
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

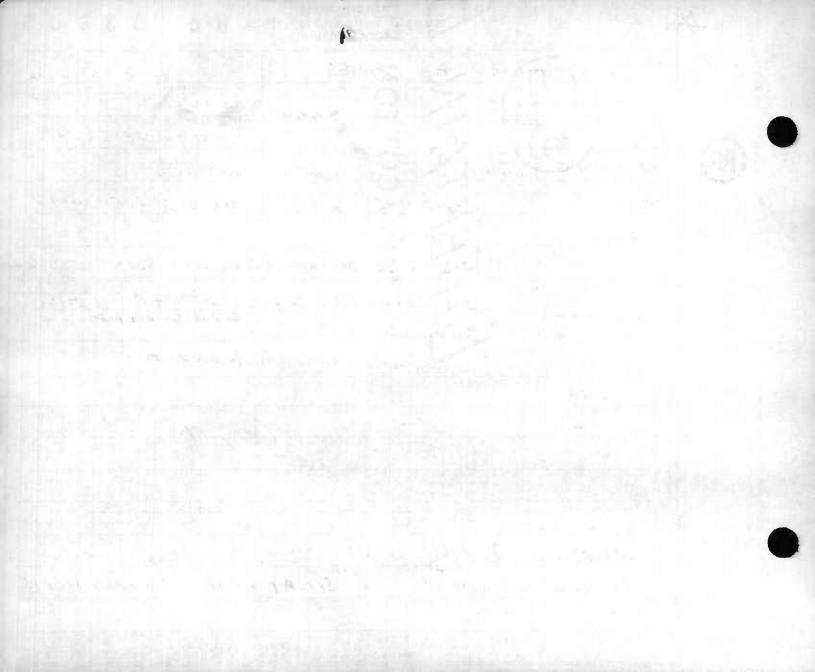
REG. NO

	1. DECEASED NAME (TYPE OR PRINT)	THEODORE	JAKOWSKI	FEBRUARY 1, 198	33 YEAR 25 HOUR 8:45 AM
	MALE	WHITE			IF UNDER 1 YEAR OF UNDER 24 HRS
5	TO BIRTHPLACE (STATE O	D a.s.	MARRIED NEVER MARRIED DIVORCI TAL, NURSING HOME OR OTHER INSTITUTION	D BALTIMORE	City MD.
2	BALTIM	10RE CHURCE RSING HOME OR OTHER INSTITUTION GIVE RE	H HOSPITAL	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
5	130 STATE MARYLAND 14 FATHER'S NAME		ALTIMORE YES X NO	107 S.CAS	TLE ST.
1	ANTHO	MY JAKOU	LSKI IS. MOTHER'S MAIL LSKI IDA	JAGAL SKA	LAST
	160. WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES? 166 S (IF YES, GIVE WAR OR DATES)	105 4350 PEARL	JAKOWSKI 1075. C.	ASTREST 2123
	Conditions, if on gove rise to in couse (0), state underlying caus	DUE TO, OR AS A pure the lost (c)		E LUNG SE TERMINAL DISEASE OR CONDITION GIVE	BETWEEN ONSEI AND DEATH
2	190 DATE OF OPERA	ATION 196. CONDITION	FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED //ING CAUSES OF DEATH?
1		CAUSE OF DEATH HOUR A.M. A	IRY AONTH DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PA	RT I OR PART 2)
	OR CONTRIBUTING (IF EITHER NOTIFY MED VINILE NOT WAT WORK NOT WAT WORK	HILE THOME, STREET, FAC	TORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	say the decease	this hospital intended the deceded alive an FEBRUARY and did not view the bady of	19 83 and that in (my low of DEGREE	83_, to_FEBRUARY 1_, pinion death occurred on the date and hour	9 83, that (I (we) last and from the couses stated
-	22d PHYSICIAN'S A		M D	DING	E, MD 21231
	BURIAL CREMATION BURIAL DIRECTOR	REMOVAL 238 DAE 198	33 LORRAINE MAU	SOLEUM BALTIMO	RE MD.
1	PAYMOND	L. KACZORO	WSK FLEET ST	EB 2 1983	AR'S SIGNATURE

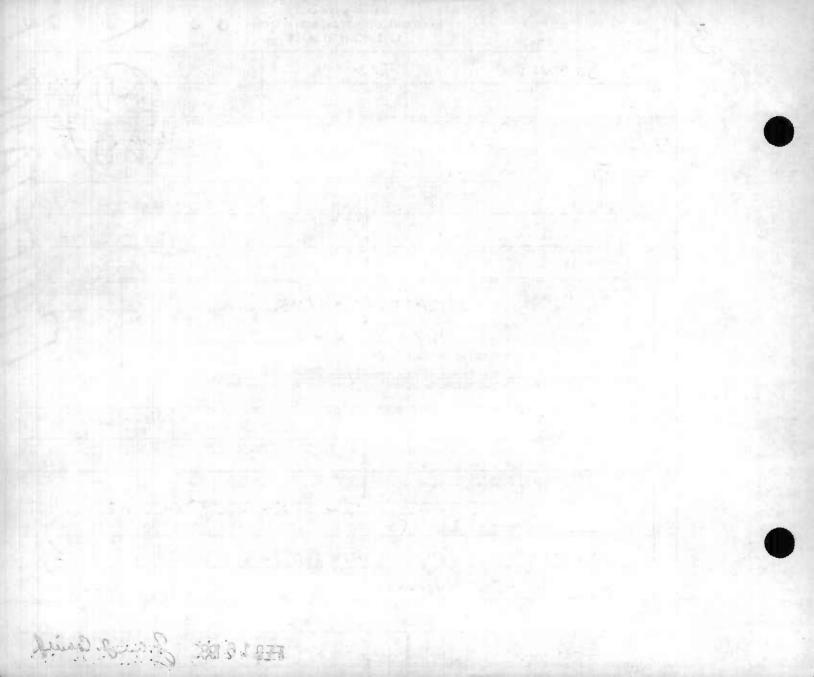
TO THE STATE OF TH Many and the first the factor and th prosperied to the transfer of the same of The state of the s ELLEVAL - CHELLES FRINGING BRINGER - PARTIES - TRANSPORT A THE REAL PROPERTY OF A STREET AND A STREET



THE COUNTY OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF DEATH OF SET ALL PURSUANT NO. THE STATE OF SET ALL PURSUANT	4	7	FOR - STATE REGISTRAR	DF	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATT OF DEATH	IENE 🔞 🕉	0 3 9	8
The Brither Name South of the Wash dependent of the Property of the Wash country of Barry of the Wash country pe 3	1. DE						4 -	6.55	
S. CAPOLINA S. CA	ge 4 may ector. pag irs after de	3. SE	× F	4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF	FUNDER 24
BLIMONE SINAL HOSE SALE REPORTED TO SALE SALE STATE TO THE TERMINAL DISEASE OF CONDITION OF RESIDENCE OF MUSING HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE OF MUSING HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE HOME POSITION OF RESIDENCE	death. Po	s	. Carolina		MARRIE				4
138 STATE 138 COUNTY 138 CITY ORTOWN 138 STREET ADDRESS AVE 212	s offer of	1	BALTIMOAE	SINA!	USP. 2		(TYPE OF WORK FOR MOST OF WORKI		BUSINESS
TRACK TR	filled in one of the or of	13a. S	STATE 136 COL	UNTY 13c. CITY C	DRTOWN			AVE 21	215
THE STATE OF DEATH LETTER ONLY ONE DEATH LETTER ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER ONLY ONE DEATH LETTER O	ampletely odd 2 st	14. FA	FIRST		AMS	FIRST		LAST	
DUE TO, OR AS A CONSEQUENCE OF PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID: SOLV SAllwordla Sopsis . Sal Syn 3. 1/27/ DUE TO, OR AS A CONSEQUENCE OF ENTER IN THE TOTAL OF THE TOTAL	oe execution and community and		YES, NO OR UNKNOWN) (IF YES, C	COVE WAR OR DATECT		17. INFORMANT		53/3 6/57	- 4vi
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH	quires that the signed by the hen please rer a burial, crem jury, ar ather	NO	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON		2.406	li Promano		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE ALWORK ALWORK NOT WHILE ALWORK 220. I certify that (Hy(this hospital) attended the deceased from 1.21, 19,		TIFICATION		196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	IN CE	ERTIFYING CAUSES OF	S USED F DEATH?
WHILE ALL WORK ALL WO	SICIAN: 1 ng physic certificate certificate unal-trans tental Hyg		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONT		_	ED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART ?)	
Sow the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death. Sow the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death. DEGREE 22c. DATE SIGNATURE	NG PHY attendi fter this as the bi th and M	MED	WHILE O NOT WHILE O	21e PLACE OF INJURY LATHOME STREET FACTORY.	OFFICE FARM, ETC 1	21f LOCATION STREET	CITY OR TOWN	COUNTY	STAT
OF BALTING STAFF STAFF OF BALTING STAFF STAFF OF BALTING STAFF STAF	TEN TOR: ar us of He		sow the deceased alive a above, (I) (we) (did) (did)	2-6	19_ & 3 , on	d that in (my) (our) opinion o		hour and from the cou	
SINAI HOSP. OF BALTIMO	SPITAL OI J by the VERAL DII be detach e State De		Should 22d PHYSICIAN'S NAME ITYPE	a Redd		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	2/6	183
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	TO HOR retained TO FUR shauld with the IMPORT						23d LOCATION		
BP SPBURIAL 2/11/83 Mount Auburn Cem Baltimore 25st Date Rec'd. By 'REGISTRAR' 25 SIGNATURE 25st Date Rec'd. By 'REC'd.	BP			2/11/83	Mount				Md.



w. 3	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLA HEALTH AND A FICATE OF D	MENTAL HY	GIENE 3 S	0 3 9	0 6
1		OR PRINT	-00	WIDDLE	To	LAST		20. DATE OF DEATH MONT		2b HOUR
o pe	17	Jamu.			7	mes		02	09 83	12,20PN
E T T	3. SE		4 RACE		MONT		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
oge	7. 01	Male		Lack	12	25_	41	9 BALTIMORE CITY OR CO	YRS.	
rol d 72 ho	250	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	MARRI	NEVER A		1 At	mane Civ	tu
fune fune	_	Carolina TY OR TOWN OF DEATH		HOSPITAL, NURS	ING HOME		VORCED [12a USUAL OCCUPATION	7-0-0	F SUSINESS OR
by the filed with		1: tu	(IF NOT IN SUC	CH FACILITY, GIVE STREE	ET ADDRESS)	1		(TYPE OF WORK FOR MOST OF WOR		-
4 hour ed in id be	13a. S	AL RESIDENCE OF NURSING HOME OF	ROTHER INSTITUTION NTY	13c. CITY OR TO	ORE ADMISSION) WN	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS		01006
in 2 y fill shau		laryland		Baltimo	ore	YES X	MAIDEN NA	6023 Framing	ham Road	21206
mpletel ond 2	14 F	FIRST	MIDDLE	LAST			FIRST	WIDDLE	Black	1000
+ 5	lán V	Thomas VAS DECEASED EVER IN U.S. AF	MED FORCES?	James 16b SOCIAL SEC	CLIRITY NO	17 INFORMA	nie	ADDRESS	Black	cer.
be execu			VE WAR OR DATES)	N/A				tin 6023 Frami		MATE INTERVAL DNSET AND DEATH
equires that the death certificat in signed by the attending physic Then please remove corbon paper ta burial, cremation, ar removal injury, or other traumatic event, t	NOI	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (ol., stoting the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	DR AS A CONSEQ	UENCE OF		TO THE TERM	minal disease or conditio	ON GIVEN IN PART 10	> 1
The law reician. rician. rician. rician. rician. rician. rician. rician. rician.	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFO	RMED		. IF YES, WERE FINDIN CERTIFYING CAUSES YES	
SICIAN. Ting physici of certificate miol-transition ental Hygi ltem 18 sh		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A		DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)	
ING PHYSK offer this ce as the buring the and Men arked or Ite	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	DN .	CITY OR TOWN	COUNTY	STATE
ATTENDIN spital or CTOR: At I for use of Healt		22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	n	3/9 19	1.)	and that in (my)	(our) opinion	death occurred on the date or		that (I) (we) last causes stated
by the hoby the hoby the hoby the hoby the hober e detached Stote Dept ANT: If then		226. SIGNATURE	ym	Aung		[11]	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Th. Date	9/63
TO HOSPITAL retoined by to TO FUNERAL should be detined with the Store with the S		22d. PHYSICIAN'S NAME (TYPE	OR WRINT)	1+4,	ANOT	22e ADDRES	BON	Slive	no Hon	9
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 2/14/			Auburn	Cem.	23d LOCATION CITY Baltimor		Mđ.
DHMH - 16 50M 1/B1 (VRA 15, 4)	1	UNERAL DIRECTOR NAME 1.C.March F/H I	nc. 1101	L E.NOrt	h Aven	ue	25a. DA	TE REC'D. BY REGISTRAR 256 EB 1 6 1983	GISTRAR'S SIGNA	thick



				STATE OF MARYLAND	4.4		0.09	13 1
X	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE 👸 、	5 0	5 9	0/
//	L.	REGISTRAR				EG. NO.		
e -	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEA	ATH MONTH D	DAY YEAR	26 HOUR
B S -way		ALbe	rTW.	Je fferso	N 2-2	6-83		5:48 M
1	1. SE		4. RACE	5. DATE OF BIRTH				IF UNDER 24 HRS
MI)		M	B	07 14 0	1 81	YRS.		
SEAT !	10-8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE	9. BALTIMORE C	ITY OR COUNTY	OF DEATH	
1 3	B	4/TIMORE	U. 574	WIDOWED DIVORCED	Ball	IMOR	E CI	14 MD.
21 200	10.C	TY OR TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION	120 USUAL OCC	MOST OF WORKING LIFE	E) INDUSTRY	BUSINESS OR
1 1/U	13	ALLIMORE	JOHN L DEAT		ter Pipe	FITTER	Stee	: 1
5 0 D	USU.	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR I		TS? 13e. STREET ADD	RESS -	21218-	TIV
13 20		Md.	BAL	TO . YES Y NO	4016	, 25 4	HA	121
7 g	14 FA	THER'S NAME	MIDDLE 7 - 00 LAST	15. MOTHER'S MAIDE	NNAME	DDLE	T LAST	
E O SOL	/	THEY ANDER	Urtferse	77 A	HIK	02011		
Poges 1		AS DECEASED EVER IN U.S. A ES, NO ORUMNOWN) (IF YES, G	RMED FORCES? (166). SOCIAL SI	ECURITY NO. 17. INFORMANT	9.11.	ADDRESS	4 5 = 1A N	toster!
y 0 "		NO	2/3-0	9-30320. Mar.	4 Julieson	4018.	23 00 101	ALISK
oper vol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ine for (o), b)	ond ici.			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
ever			TE CAUSE (o)	usons lit	ease		YIS	
carb , or natic		3320	DUE TO, OR AS A CONSE	QUENCE OF				
otion		Canditions, if any, which gove rise to immediate	(b)					
her t		couse (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF				
or at		underlying couse last	(c)					
lo bur	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVE	N IN PART Ito	3
r. The	CERTIFICATION	190. DATE OF OPERATION	decubiti a	ud possible	e suface	ou		
Me pre	FICA	190. DATE OF OPERATION	196, CONDITION FOR WH	ICH OPERATION WAS PERFORMED	7ª WUTOPSY	IN CERTIF	, WERE FINDING YING CAUSES O	OF DEATH?
a sh	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW IN HIRY O	YES NO		S 🗌	NO 🗌
ol Hy		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	CCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PA	ART) OR PART 2)	
Amental or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION				
pu op	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFI	CE, FARM ETC) STREET	CIT	Y OR TOWN	COUNTY	STATE
olth nark		AT WORK — AT WORK —	ital) att@ded_he_deceased fro	2.01	33 2	- 26	2	4
5 He		saw the decrosed dive o		ond that in (my) (pinion death occurred on	the date and hour		hot (we) lost
2 0 0 0		obove, (I) (Oid (view the body after death.	DEGREE		THE BOTE SHE WEST	772 DAJE 5	
200		15	Sel /m	ATTENDI		STAFF	2.	1.00
A Start		274 MYSICIAN'S NAME		PHYSICI 220, ADDRESS	AN DIRECTOR P	HYSICIAN	IMA	60
ORTA S		1.601	R Cho	110 6/16	# 110	6/-	a +	
2818	22- 5	LIDIAL CDEMATION DESCRIPTION	100 000	10/1300	ORY 23d, LOCATION	6 JAG	e 1	
		URIAL, CREMATION, REMOVA	13 3 8 3 2 3 12 3 12 3 12 3 12 3 12 3 12	BALLO . COM		TO,	COUNTY	STATE
The Contract of the	24 FI	DAMUA !	10/01		DATE REC'D. BY REGIS	TRAPISS PECICIO	PAP'S SIGNIATIO	IDE
550M 4/82	1	CKS FUNER	01 Home 1200RE	The Contrat OA	MAR 1 109	3 7	2.6	wild .
3, 4)	11	Chs FUNEM	124 / 10 MIL 130-	The southern all	IVIAIN I ISO	0	W. T.	

The same of the same of the same of A STATE OF THE PARTY OF THE STATE OF THE STA Zily in a second of the second will the Australi Limbolo and provided afriction 275 1 18 10 S 10 S 10 S Jun Day 87 1 ANG-85 TE 253 ATT NO WILLIAM COLL HOLE !! Lake the Late of the Late of the Name Challes Shinest Assents Contained by been signed by the ottending physicion and car mit. Then please remove carbangapers. Pages 1

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

tar, page 3

/	1-	FOR - STATE REGISTRAR			DEPARI	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 🖁	REG. N) D.	0	3 9	0	8
		CEASED NAME	FIRST	MI	IDDLE	į.	AST	X	20. DATE OF		MONTH	DAY	YEAR	26 HQL	
	(I YPE	E OR PRINT)	RLTON		H	JE	NKINS			(32	13	83	62	A M
177	3. SE	Х		4 RACE		5. DATE C	F BIRTH		6. AGE (INY	EARS LAST BIR	THDAY)		ER I YEAR	IF UNDER	
		Male		Whi	ite	Apr	11 17	1909	73		YRS.	MONTHS	DAYS	HOURS	W IN
		IRIHPLACE (STATE O	FOREIGN	76. CITIZEN OF W	HAT COUNTRY	? 8.			9. BALTIMO	RE CITY O		Y OF D	EATH		
A)		Md.		U.S.A	Δ	WIDOWE		MARRIED -	BA.	LTIMO	DE C	TTV		,	MD.
7	10. C	ITY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NURS	ING HOME C	Townson .		12a. USUAL	OCCUPAT	ON	121	. KIND O	F BUSINI	ESS OR
44	ī	BALTIMORE		(IF NOT IN SUCH	N MEMOR	TAT. HOS	ЗРТТАТ.		Rese			LIFE) IN	DUSTRY		
1-1	USU	AL RESIDENCE (IF NU		OTHER INSTITUTION, O							Eng	• 1	Mar	ect	<u>.a</u>
35	130. 5	Md.	13b. COU		13c. CITY OR TO' Baltimo		13d INSIDE	NO 🗌		ADDRESS 9 Sh	amro	ck	Ave	21	206
	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	WE	WIDDLE			LAST		
DE		Grov	er	1. 800	Jenkir	ns	F10 =	Nancy		11-			-		
		WAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM			ADDRE	SS				
	(YES, NO OR UNKNOWN)	(IF 1E5, GIV	2 WAR OR DATES!	218-05-	-7033F	Luc	y Jenk:	ins (same	bbs	res	s)		
	-	Canditions, if on gove rise to in cause (a), stat underlying cous	mediate ing the	(b)	AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	U S.		SHOCI	4						
,,	Z.	PART 2. OTHER SIG	NIFICANT (CONDITIONS CO				D TO THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN	PART In		
2	CERTIFICATION	19a, DATE OF OPER	ATION	19b. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY?	IN CERT		E FINDIN CAUSES		TH?
9	MEDICAL CERT	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DE	HOUR A.M	A. MONTH I	DAY YEAR		NJURY OCCURE	RED (ENTER NA	TURE OF INJU	RY IN ITEM 18	PARTIO	R PART 2)		
	MED	-	ORK ORK		ET, FACTORY, OFFICE		21f LOCAT STREE	ET		CITY OR TO	WN		OUNTY		STATE
<u>^</u>			sed olive an		19.	(1) (1)	d that in (my	, 19 <u>83</u> () (aur) opinion (deoth occurre	d on the d	ote and ha	our and	from the		ated
		22b. SIGNATURE	perle	De Mo			DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC	FF IAN	1	2/1	SIGNED	
N N N N N N N N N N N N N N N N N N N		22d. PHYSICIAN'S P		CLING, 1	H. D.		220 ADDRE	es. UNIO	ERSIT	YF	KWY	\$	ALTO.	21	1218
		BURIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOC	ATION OR TOWN		cou	NTY		STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 2/18/83

24. FUNE SCHEMBANEK Funeral Home, 1
3331 Brehms Lane, Balto.

Parkwood Inc. Md. 2121

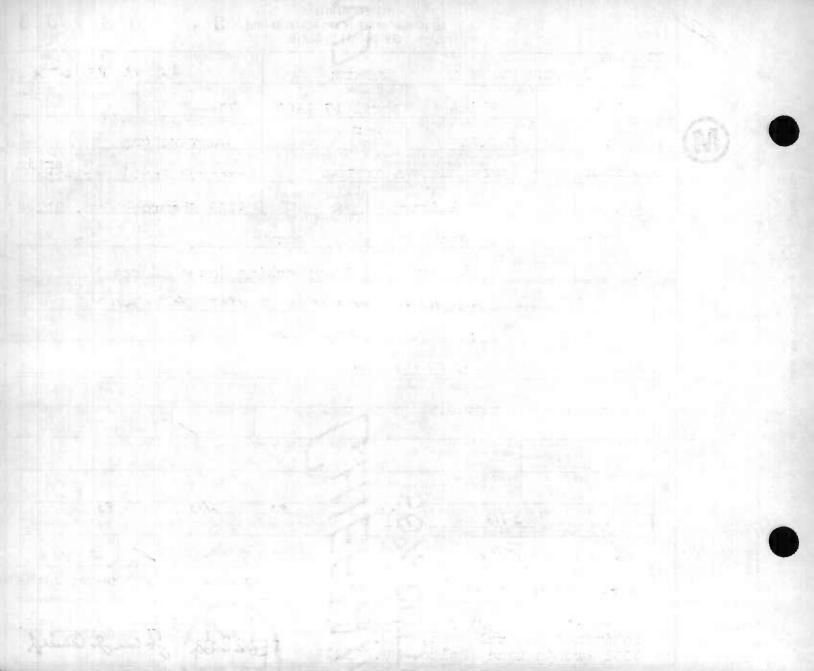
Md.

21213

Baltimore

250. DAIE RECO. BY REGISTRAR 256 REGISTRAR'S SIGNAL

PER 2 98:



STATE OF MARYLAND

73

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

11 02 6. AGE (IN YEARS LAST BIRTHDAY)

411 SANDERS STREET, 21230

83 IF UNDER I YEAR IF UNDER 24 HRS

2b. HOUR

JENKINS SR. CHARLES W. 4 RACE 5 DATE OF BIRTH MONTH YEAR WHITE

05 10 76. CITIZEN OF WHAT COUNTRY?

09 MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NO

IANNA M. JENKINS

SOUTH BALTIMORE GENERAL HOSP.

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CARPENTER

126. KIND OF BUSINESS OF INDUSTRY REVERE COPPER

AND BRASS

BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE

To BIRTHPLACE (STATE OR FOREIGN

MARYLAND

ID. CITY OR TOWN OF DEATH

- STATE

TYPE OR PRINT!

1 SEX

REGISTRAR

DECEASED NAME

MALE

13h COUNTY MIDDLE

LIF YES GIVE WAR OR DATEST

13c. CITY OR TOWN BALTIMORE

I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

15 MOTHER'S MAIDEN NAME ADA

YES X

13d. INSIDE CITY LIMITS?

MIDDLE

13e STREET ADDRESS

CLEM

14. FATHER'S NAME

MARYLAND

ERNEST JENKINS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

216-05-1104

17 INFORMANT

ADDRESS

SANDERS TREET, 21230

APPROXIMATE INTERVAL BETWEEN OBISET AND DEATH

(YES, NO OR UNKNOWN) NO

> Conditions, if any, which gove rise to immediate cause (a), stating the

underlying cause

190 DATE OF OPERATION

CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a),

DUE TO, OR AS A CONSEQUENCE OF

U.S.A.

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

21n ACCIDENT WAS UNDERLYING	21h, TIME OF INJURY

19% CONDITION FOR WHICH OPERATION WAS PERFORMED

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20n AUTOPSY?

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH? YES [NO T

20b. IF YES, WERE FINDINGS USED

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

COUNTY STATE

sow the deceased olive on above (I) (we) (did) (did out) view the bady after death. 226 SIGNATURE

22a.1 certify that (h. (this hospital) attended the deceased from_

ATTENDING 22e ADDRESS

DEGREE

MEDICAL PHYSICIAN THEETOR PHYSICIAN

WILKENS & PINE HEIGHTS AVENUES, 21229

224 PHYSICIAN'S SLAME (TYNE OR PRINT) RAYMOND D. BAHR, M.D.

230. BURIAL CREMATION, REMOVAL

BURIAL

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY

BALTIMORE CITY

and that in (aur) opinion death occurred an the date and haur and fram the causes stated

MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

02-15-83

23d LOCATION

to at a	, is a man say.		1124	
TE SERVER S				
Hop turbail him bigg bigg in	OWNERS HOLD	TANK TUCK	AMERICAN -	
Ters Term Seme				
			a mara	
THE WILLIAM AND AND AND AND AND AND AND AND AND AND				
				BY
			7.1	
esse careux sesso esse			a liuryle	
		2-7-7-0	Lead V	
MALLEY STREET GALLEY				

	1	/	1.	FOR STATE		DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	3 9	10
	L		I. DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. 1		LY YEAR	2b. HOUR
DICAL	y be	-		FRANC		R.		KINS	FEBRUAR		1983	
C	Her p	f	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST 8		FUNDER I YEAR	IF UNDER 24 HRS
9	900	*100		Female	B1	ack	MONTH 9	08 08	7	4 YRS.	JAT S	HOURS I MIN.
				RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
田.	death		N	. Carolina		S.A.	WIDOWE	DIVORCED [BALTIMO	RE CIT	Y	MD.
THE	s offer o	3	>	ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURS CH FACILITY, GIVE STREE OHNS HO	T ADDRESS)	HOSPITAL	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND O INDUSTRY	F BUSINESS OR
E, MARYLAND 2120 SMYTH OF	Filled in	74	730. 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUI	R OTHER INSTITUTION NTY	136. CITY OR TO Balti	WN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRESS 218 Bea	le Cou	irt 2	212,31
RE, MARYLA SMYTH	amplerely and 2 st	90	14. FA	THER'S NAME Richard	MIDDLE H.	Johnso	n	15. MOTHER'S MAIDEN NA	AME		Sutt	
BALTIMORE, DR SJ	CE on and co	1		AS DECEASED EVER IN U.S. AR	MED FORCES? VE WAR OR DATES)	166. SOCIAL SEC 213-01		17. INFORMANT Mabel Pri	tchett 20		ver Co	urt
RECORDS, 201 W. PRESTON ST., BA AS NON MED BY	XAMINER S O been signed by the attending mit. Then please remove carbon viole to burial, cremation, or restrict to burial, and the signed by the attending to the signed by the signed burial or the burial to burial, or the signed burial to burial to burial.		CATION	Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CLIPATE OF OPERATION	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUENT ON TRIBUTING TO	JENCE OF JENCE OF DEATH BUT	gestive lear		NDITION GIVE	I DE	IGS USED
ED 7	The form.	1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	- 110110 1		DAY YEAR	21c. HOW INJURY OCCUP	YES NOW	YES		NO
DIVISION OF VITAL RELEASED	PHYSIC tending this cer he buria nd Ment	7	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P. PLACE	M.	19	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
€ ₩	TO HOSPITAL OR ATTENDING retained by the hospital or of TO FUNERAL DIRECTOR: After should be detached for use os 1 with the State Dept. of Health or Inconstant with the state Dept. of Health or Inconstant when the state Dept. of Health or Inconstant when the state Dept. of Health or Inconstant when the state Dept. of Health or Inconstant when the state Dept.	1		22a. I certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE MARY MARY MARY MARY	M. M	otter deoth. 19- ewna	83.or	JOHNS	MEDICAL STA	AFF CIAN	22c. DATE:	SIGNED 15-83
	BP			URIAL, CREMATION, REMOVAL SPEBURIAL	3/1/	83	NAME OF C Cedar	EMETERY OR CREMATORY Hill Cem.	23d LOCATION GTOSTOND		COUNTY	Md .
D	HMH - 16 50M 4/ (VRA 15, 4)	B2		m. C. March F/	H Inc.	1101 ^{ADD} ESS.	North		TE REC'D. BY REGISTRAI B 28 1983	256 ATGISTR	AR'S SIGNATI	thicle

BLOME the state of the s MANUAL CALL

FOR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-1		in Si				
	AS 17 10 41	inta				
				figure bleefeer		
				ionimorine)		
				uling land		
		Long mater	Carebral year	Status Pour		
			Tusany here?			
			TODE JUNE	HIS TO MAY HIS		
		9	of the same	Section .		
	2 million	The state of		mal II was an	AT	

21 VI 881 2 899

Wm. C. March F/H Inc. 1101 E. North Avenue

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

roldanulat Interprete evisate diesers El Callabargorff rotanted to action in not real of the political profession but SPLENT TO THE

	1-	FOR STATE REGISTRAR				MENT OF H				43	TH	() 3 5. NO.	7	V
		EASED NAME OR PRINT)		BERT	MIDDLE		JOHN	SON			20 DATE KNOW OF ESTI- DEATH MATER		15-83 ₁₉	26. HOU
	. SEX	194	RACE White	S DATE OF BIRTH	VEAD OB	6. AGE (IN YEA LAST BIRTHDA 74 YR	Y) MONTH		HOURS	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD	2-	15-83 ₁₉	
75	P	RTHPLACE (STA	ania	7b. CITIZEN OF W		TRY?	8. MARRI WIDOW		VER MARR		9 BALTIMORE CI Baltimor	**********		M
4	E	altimor	e	II NAME OF HO	emoria	REET ADDRESS)	ital		218	120. US	UAL OCCUPATION MOST OF WORKING LIFE tired	(TYPE OF WORK	OR INDUS	USINESS TRY
	30 S		LI3h COU	E OR OTHER INSTITUTION, GINTY		OR TOWN		13å. INSIDE CI Yes	ITY LIMITS?	370	REET ADDRESS 2 Greenmo	ount A	ve. 212	18
1		THER'S NAME H jalmar		WIDDLE	Joh	ns on		Hu	lda	ENNAME	MIDDLE		Bowman	
	[46	AS DECEASED S, NO, OR UNKNOV	VN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)		IAL SECURITY	4000	Mrs.		John	nson 3702	RESS Green		1218 re.
	NOIL			(c) IS CONTRIBUTING TO DEATM						RT 3 (a).				
2	CERTIFICATION	19a. DATE OF	OPERATION	196 COND	ITION FOR V	WHICH OPERA	ATION W	AS PERFOR	MED?	1 12			20 AUTOPSY	? NOXX
7	MEDICAL CER		OR CAUSE OF	F DEATH P.A	A. MONTH	DAY YEAR			OCCURRE	D (ENTER	NATURE OF INJURY IN ITE	EM 18 PART 1 OR I	PART 2)	
	MED	21d. INJURY OF WHILE AT WORK	NOT WHILE AT WORK		OF INJURY			TREET			CITY OR TOWN	C	COUNTY	STATE
- 1		22a. 1 certify	y that I taak cha	rge of the remains de			Autops	y , Hamic	Inspectio		Inquiry .	and in my	opinian	
		death resulte ACTUAL SIGNATURE	d fram: Not	yale	Accident	hell	M.	TITLE (SI		L_MED	DICAL EXAMINER	DATI SIGN	E _{NEI} 2-16-83	
- 2	72 a D'	ACTUAL SIGNATURE_ EXAMINER'S N (TYPE OR PRIN	NAME Mar	garita A.	Me () Korel	L,M.D.	,M.	D Assi	PECIFY) stant	1 Per	DICALEXAMINER On Street	DATI SIGN	E NEQ-16-83	
	(5	ACTUAL SIGNATURE_ EXAMINER'S N (TYPE OR PRIN	NAME Mari	garita A.	Korel 123c. N	hill	M.	D. Assi	PECIFY) stant	1 Per	DICAL EXAMINER ON Street	co	ENER - 16-83	

		• H				
		Д7 80	12	6	edid. a	
	X		TS A		ensvirenia	
Retired	21218					
3702 Greenmount ive. 21218	x	Baltimore			ir, land	
Sowman 2121	Fulda	Johnson			jalnar	
Johnson 3702 Greenmount Ave.	Mrs. (pal	193-10-3007		II W	8:	

. aryland

Raltimore

A. Alan Seitz, Jr. 3518 Roland Ave. 21211

2/10/83 raid Hidge Centery

Burial

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEF	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 0 3 9 CERTIFICATE OF DEATH REG. NO.				
1. DECEASED NAME (TYPE OR PRINT) ED	MIN	JOHNSO	20 DATE OF DEATH	2 - 76-83	8:15P	
3 SEX	4 RACE B	5. DATE OF BIRTH MONTH DAY	- 13 GE (IN YEARS LAST	BIRTHDAY) IF UNDER LYEAR MONTHS DAYS YRS.		
Per BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED NEVER M	ARRIED A	OR COUNTY OF DEATH	Y MC	
BALLIMORE	THE OT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INST		ATION 126 KIND (F BUSINESS OR	
USUAL RESIDENCE (IF NURSING HOM 136. CC			TY LIMITS? 130 STREET ADDRES	haureHa	1223E	
14 FATHER'S NAME	MIODLE		MAIDEN NAME			

Clifton Owens Johnson Gertrude Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7 Julia Murray 603 Appleton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY: Vige for Jan (b) and ic 1 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the or other DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION and Mental Hygiene prior 190 DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NO NO YES T 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morked or CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Should be detached should be detached out the State Dept. and the State Dept. and the State Dept. and the state Dept. and the 226. SIGNATURE DEGRE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 3/2/83 Burial Auburn Cemetery

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Baltimore

Maryland

ENVIR VOHISCID 4 6 5% 2-01-11 70

1101 E. North Ave.

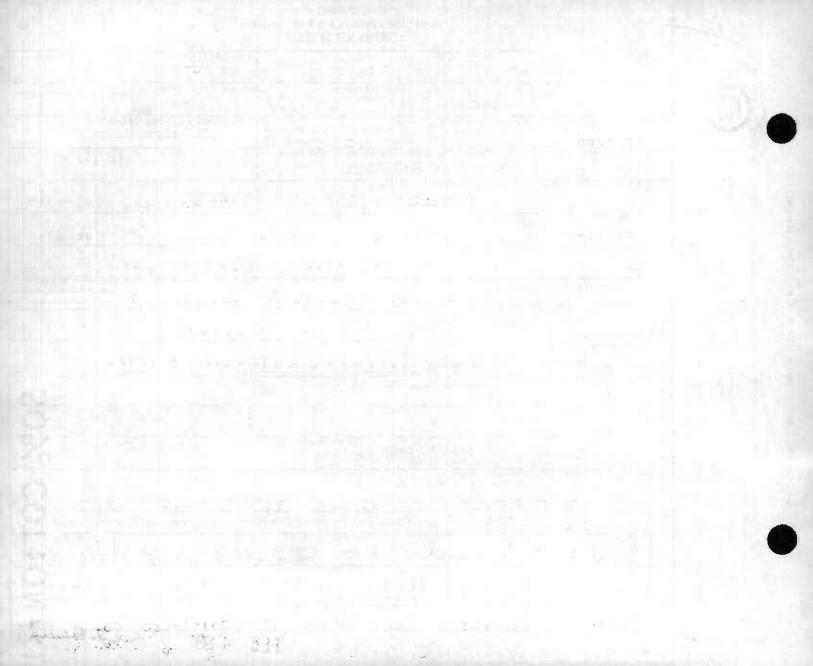
24 FUNERAL DIRECTOR

C. March F/H

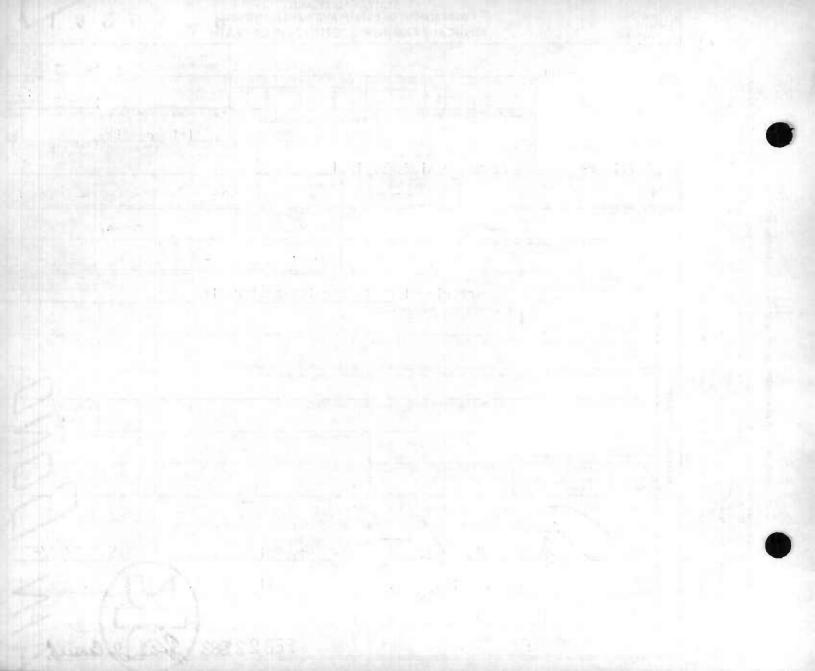
DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND



	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY- CERTIFICATE OF DEATH	GIENE	8	O REG. N	۷٥.	0	3	9	1	8
	MIDDLE	LAST	2a. D.	ATE OF	DEATH	MONTH	DAY		YEAR	2b HOL	
E	MAE	JOHNSON		14.		2	10		83	93	0
4 RACE		5. DATE OF BIRTH	6 AG	E (INYE	ARS LAST B	RTHDAY)	IF I	UNDER	YEAR	IF UNDER	R 24 HRS
7	27 2016	MONTH DAY YEAR		0.7			MON	dHi'v	DATS	MOURS	MIN

3 SEX Female Black

8]

BALTIMORE CITY OR COUNTY OF DEATH

To BIRTHPLACE ISTATE OF FOREIGN COUNTRY Macon, Ga. 10 CITY OR TOWN OF DEATH

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

76 CITIZEN OF WHAT COUNTRY? IISA

MARRIED NEVER MARRIED WIDOWED X DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore 12ª USUAL OCCUPATION

13e STREET ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE)

126 KIND OF BUSINESS OR INDUSTRY

Balto.

WAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN Balto.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

St. Agnes Hospital

13d. INSIDE CITY LIMITS? 707 Allendale St. YES T NO 15. MOTHER'S MAIDEN NAME

MIDDLE

APPROXIMATE INTERVAL

21216

Md. 4 FATHER'S NAME

MIDDLE Hunter

166 SOCIAL SECURITY NO

17. INFORMANT

Hunter

Monroe

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

FIRST

LILLI

LAST

Elizabeth Bannister 707 Allendale St.

Donna

ADDRESS

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) MMEDIATE CAUSE

Conditions, if any, which gave rise to immediate couse (a), stating the

245-46-4365

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

underlying cause lost

90 DATE OF OPERATION

21d. INJURY OCCURRED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M TIE PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM ETC 1

II LOCATION

CITY OR TOWN

COUNTY STATE

NO [

20b. IF YES, WERE FINDINGS USED

(SPECIFY)

CERTIFICATION

ö

marked

MPORT

saw the deceased alive on Leh. (1) (we) (did) (did not) view the body ofter death

220.1 certify that (1) (this hospital attended the deceased from

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

Buria

OSCAR HERNANDEZ

23c. NAME OF CEMETERY OR CREMATORY BEATTIES FORD CEM

23d LOCATION CITY OR TOWN

20g. AUTOPSY?

COUNTY

STATE

24 FUNERAL DIRECTOR LEROY O. DYETT 4600 LIBERTY HGTS. AVE.

23b DATE

2/18/83

CHARLOTTE . CAR .

DHMH - 16 50M 1/B1 (VRA 15, 4)

FO THE TOTAL STATE OF THE STATE FEB 1 5 1883 France Caril.

X	1-	FOR STATE REGISTRAR	DEPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 3	0 3	9	19
Y		CEASED NAME FIRST MARGARET	\ \ \	NSON		L 23	83	140 A
urs off	3. SE.	Femple Col	5. DATE (· 76	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
in 72 hours		RTHPLACE (STATE OR FOREIGN 76 CITYZEN OF		D NEVER MARRIED DIVORCED	BALTIMORE CITY O	- 1	1Ty	MD.
of the filed with	1	3 allo ST	HOSPITAL, NURSING HOME (JCH FACILID), GIVE STREET ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	ON 1: WORKING LIFE) IN	B. KIND OF	BUSINESS OR
filled in nould be	13a S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TATE 136 COUNTY	131 CITY OR TOWN	13d. INSIDE CITY LIMITS? YES A NO	132 STREET ADORESS	OGHR	oru k	n 7122.9
Completely I and 2 sh ol exolliner	14 FA	JOHN EPRE	LAST	MARY CA	M B KLL		LAST	
Pages 1		VAS DECEASED EVER IN U.S. ARMED FORCES? (ES. NO OR (INKNOWN) (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 212 1887759	MRS MARGER	Som TN		rotel	T' RD
signed by the attending physis hen please remave corbonopop to burial, cremotian, or removal njury, or other traumotic event, t	NOI	Conditions, if any, which gove rise to immediate (b)_	Renal F DR AS A CONSEQUENCE OF DR AS A CONSEQUENCE OF	NOT RELATED TO THE TERMIN	nal disease or cong	DITION GIVEN IN		NATE INTERVAL
hos been t permit. Tene prior ows any ii	CERTIFICATION	190 DATE OF OPERATION 196 COND	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOT	206. IF YES, WE IN CERTIFYING		
s certificate h burial-transit p Mentol Hygier ir Item 18 shov	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A	OF INJURY A.M. MONTH DAY YEAR A.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TB, PART 1	OR PART 2)	
After this e as the bu oth and M norked ar	MEDIC		OF INJURY TREET, FACTORY OFFICE, FARM, ETC. J	211. LOCATION STREET	CITY OR TOV	VN (OUNTY	STATE
for us of Hea	ì	22a.1 certify that (1) (this hospital) attended to sow there eccessed after an above (1) [we) (did) (did not) view the bad	23 19 83	nd that in (my) (our) opinion d	to 2/2	te and hour and		hot (I) (we) lost ouses stoted
RAL DIREC detached fote Dept. VT; If Item		226. SIGNATURE Hallich		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 1	22c. DATE S	13/83
should be det with the Stote MPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT) G. HALLICK		St. agnes	Hoop			

DHMH - 16 50M 1/B1 (VRA 15, 4)

L OR ATTENDING PHYSICIAN: The the hospital or attending physicion.

TO HOSPITAL

236. DATE 234. NAME OF CEMETERY OR CREMATORY PERSONNEM TO PSURIAL CREMATION,
PSURIAL
24 FUNERAL DIRECTOR
NAME L, Ruse JZDZ WNORTH AVE

23b. DATE

230 BURIAL, CREMATION, REMOVAL

the state of the same of the state of the st THE DESTRUCTION OF THE PROPERTY OF THE PROPERT No Straight the Market grant of the Property of the December MAN OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P MARKET TO THE PARTY OF THE PART

1					AARYLAND	LIVOITÀ	4	() "2	0 9	n
1	FOR STATE				ERTIFICATE	0	REG. N	0 0	1 54	9
	REGISTRAR DÉCEASED NAME FIRST		MIDDLE		LAST		DATE KNOWN		DAY YEAR	26 HOUR
(1	TYPE OR PRINT)	RICE	D		OLINCON		OF ESTI-		-8319	_ M
3. S	EX 4. RACE	S DATE OF BIRTH		E (IN YEARS IF U			DATE	MONTH	DAY YEAR	24 HOUR
	male Black	12 17	54 2	8 YRS.	no bars nooks		DEAD		-83 19	5:10F
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	MARE	IED KNEVER MAR	RIED	ALTIMORE CITY	_		
5 10	Virginia CITY OR TOWN OF DEATH	U.S		WIDON			Baltimon (T)		Y 126. KIND OF BU	MD.
	Baltimore	900blk.	Argyle A	venue	TER INSTITUTION		OF WORKING LIFE)	THE OF WORK	OR INDUST	RY
130	UAL RESIDENCE (IF IN NURSING HOME STATE 13b. COU		13t. CITY OR TO	NN	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS McAlee	r Ct	21202	
	Maryland FATHER'S NAME		Balti	more	15. MOTHER'S MAIL			I CC.		
	Garland	MIDDLE	Johnso	n	Rose		MIDDLE	Ke	endric	ks
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SE		17. INFORMANT	All Sections	ADDRES			
	No (TES, NO, OR UNKNOWN) (IF TES, GIV	E WAR OR DATES!	217-64	-6124	Diane N	1.Johns	son 847	McAl		
	18 CAUSE OF DEATH (Enter D PART I DEATH WAS CAUS								APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		ATE CAUSE (D)	ltiple g		wounds					
	Conditions, if any, which		AS A CONSEQUI	ENCE OF						
	gave rise to immediate cause (a) stating the under	e / (b)	AS A CONSEQUI	ENCE OF				-		
	lying cause last.	(6)								
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	BUT NOT RELATED TO 1	HE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART I (a).				
	19a, DATE OF OPERATION	TIEL CONDIT	ION FOR WHICH	OPERATION	VAS PERFORMED?				120 AUTOPSY	?
200	THE DATE OF OFERATION	176 CONDII	IOIVIOR WINE	TOI EKATION V	ASTEM OWNED.					NO 🗆
CEPTIEICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY		OW INJURY OCCUR		RE OF INJURY IN ITEM 1	8 PART 1 OR PAR		110
		DEATH P.M	2045-83	YEAR SU	bject shot					
Medical	216. INJURY OCCURRED	21e. PLACE C	OF INJURY (ATH		CATION STREET	- cn	YORTOWN	COL	INTY	STATE
13	AT WORK AT WORK	halli			Oblk. Argy			timore	, Maryl	
	22a I certify that I taak cha	rge af the rempins des	cribed obove, hel	d an Auto			nquiry .	and in my pp	inian	
	depth resulted from: Nat	urpl causes ,	Accident	Suicide	, Hamicide 🔀	(Undetermi	ned manner	,		
	ACTUAL MOVA	A A OC	16.an		TITLE (SPECIFY)			DATE		0.77
-	SIGNATURE	mejore	may	/	A.D. Assist	tantmedica	LEXAMINER	SIGNE	2-16-	83
7	EXAMINER'S NAME (TYPE OR PRINT) Marc	parita A. I	Korell M		ADDRESS1	11 Penn	Street			
230	BURIAL CREMATION, REMOVAL	2/21/83		of CEMETERY C	OR CREMATORY	23d. LOCA CITY OF TO Ball	timore	COUN	M M	ď.
24	FUNERAL DIRECTOR		1 201	CIMOI C		B 1 8 198	STRAR TY RE	GISTRAFUS	Course	
W	m.C.March F/H	Inc.110	1 E.No	rth Av	e. It	R 1 8 198	20			

Secretary of the second

MIDDLE

Item 5G577 3/7/83JAB

- STATE

REGISTRAR

1. DECEASED NAME

1224 N. Gay Street 21213 MIDDLE Thompson ADDRESS Clarence Chew 1224 N. Gay Street PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) STATE CITY OF TOWN COUNTY Februaru ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3900 Loch Raven Blvd. Balto. Md 21218 23d LOCATION 23r NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE ISPECIFY BURIAL COUNTY M'd'E. 2/7/83 Baltimore Baltimore Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wm. C. March F/H Inc.1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2h HOUR

17b. KIND OF BUSINESS OR

2:50P

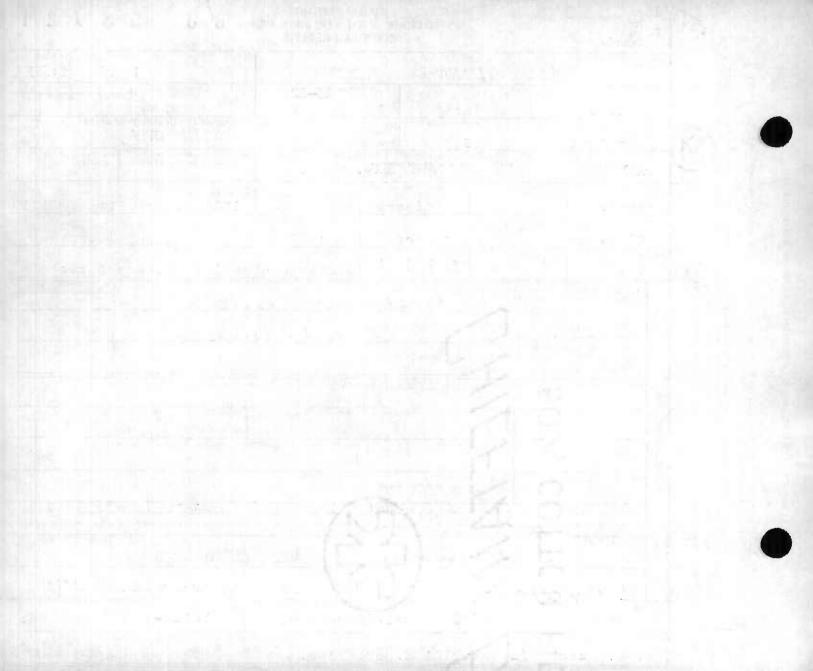
IF UNDER 24 HRS

83

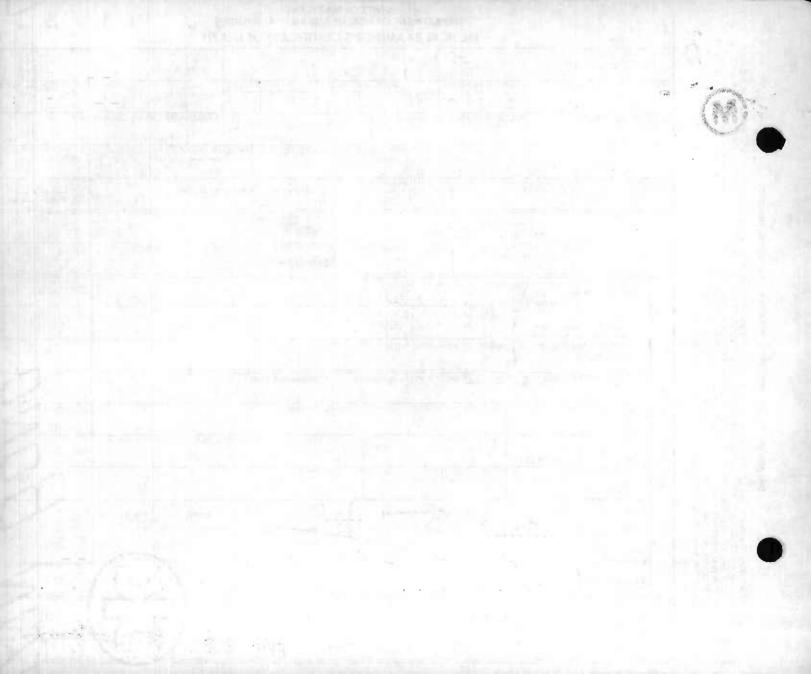
IF UNDER LYEAR

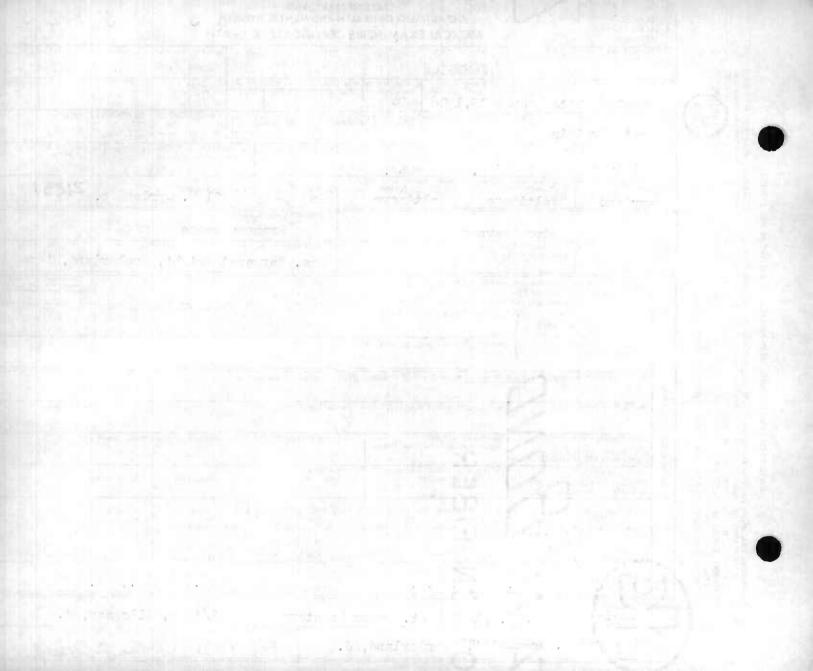
2g. DATE OF DEATH

DHMH - 16 50M 4/B2 (VRA 15, 4)



1. FOR		F MARYLAND TH AND MENTAL HYGIEN	03922
T - STATE REGISTRAR		CENTIFICATE OF DEATH	G. NO.
1. DECEASED NAME FIRST	Brian	LAST 20 DATE KNOW OF EST	VN W MONTH DAY YEAR 26 HOUR
Todd	1 - 1	DEATH MATE	2-6- 1983 N
3. SEX 4. RACE	MONTH DAY YEAR LAST BIRTHDAY) MC	UNDER 1 YR. FIF UNDER 24 HRS. 2c. DATE ONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR
Male Black	1 1 83 YRS. 1	1 5 DEAD	2-6- 1983 10:5
FOREIGN COUNTRY)	MA	RRIED NEVER MARRIED X	
MD 10 CITY OR TOWN OF DEATH	USA WIDO		NOTE CITY MD
W	[IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LI	
Baltimore USUAL RESIDENCE IF IN NO.	2833 Riggs Avenue C OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1	
MD UK COU	Baltimore	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 28 33 Ric	ggs Avenue 21216
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAME	TZAL
Todd B	rian Johnson Sr.	Debby	Johnson
THE WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	17. INFORMANT Geneva John	nson
No	N/A	Mayvill Ford 2833	Riggs Avenue
18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only ane couse per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, whice gave rise to immedia cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITION 190. DATE OF OPERATION	te / (b)	EAST OR COMPANION CINEM IN PART 1	
Z Z	S CONTRIBUTION TO OCEAN BOY NOT RELATED TO THE TERMINAL OIS	EASE OF CONDITION GIFTEN IN PART 1 10.	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOPSY?
TIFIC			YES 🔀 NO
		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
CONTRIBUTING CAUSE OF THE PROPERTY OF THE PROP	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	LOCATION CITY OR TOWN	COUNTY STATE
22a I certify that I took cha death resulted from:	rge of the remains describe dobave, held at	Inspection . Inquiry . Undetermined monner	ond in my opinion
ACTUAL SIGNATURE	Conor Just	TITLE (SPECIFY) M.D.Deputy Chieffedical examiner	DATE SIGNED 2-7-83
WHILE AT WORK 220 I certify that I took cho death resulted from: EXAMINER'S NAME (TYPE OR PRINT) EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL	nas D. Smith, M.D.	ADDRESS_ III Penn Street,	
(SPECIFY)		CITY OR TOWN	COUNTY STATE MD
Burial 24 FUNERAL DIRECTOR	2/9/83 Mt. Aubur	rn Cem. Baltimor	
7 Wm. C. March	F/H 1101 E. North		is compressioned





1601 Pennsylvania Ave. Hagerstown. Md.

FOR

(VRA 15, 4)

STATE OF MARYLAND

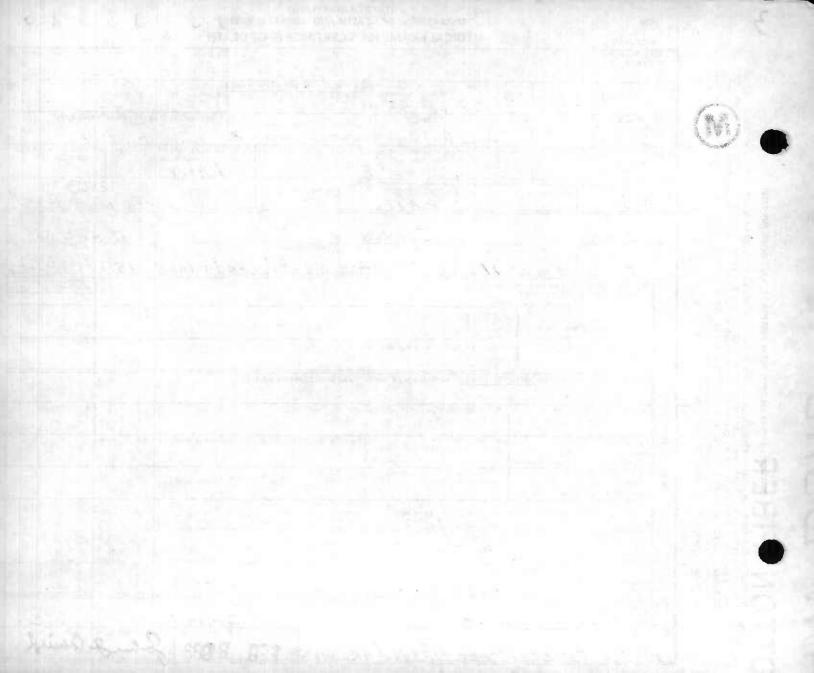
THE POWER The state of the state of gall the training them it is AUTOMOBILE POPULA Consumer of the World property dison Bamasvilvening and a contraction. The

20M 4/82

STATE OF MARYLAND

the transfer of the first of th

1 03	Fl				TE OF MAR			13 0	2 12 1	3 6
8		FOR				ND MENTAL H		U	2 7 6	2 0
		REGISTRAR	MEDI	CAL EXAMIN	NER'S CER	RTIFICATEO	F DEATH	REG. NO.		
		EASED NAME FIRST	м	DDLE	LAST			THOM WONT	H DAY YE	AR 26 HOUR
Way Se	(111)					Maria Caralla	OF DEATH M	AATED A	6 10	07
A D D D D	3 SEX	Frank	5 DATE OF BIRTH	I AGE INY	EARS IF UNDER			MONI	-6- 19	83 M
5 3 X X Z	0 027		3 28	YEAR LAST BIRTHE	MONTHS!	DAYS HOURS	MIN. PRONOUNC	ED		
		m Negro		28 55	RS.		DEAD	2-1		83 11:50
(741)	7a. BI	RTHPLACE ISTATEOR PEIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIE	ED . SALTIMO	RE CITY OR COU	NTY OF DEATH	
	/	5.C,	14.5.	4.	WIDOWED	DIVORCE	Bal	timore. (City	MD.
W W W -	10. CT	Y OR TOWN OF DEATH	11 NAME OF HOSPIT		E, OR OTHER I	NSTITUTION	120. USUAL OCCUPA	TION (TYPE OF WOR	K 126 KIND OF	F BUSINESS
AL RECORDS, 201		Baltimore	1109 N.	Y, GIVE STREET ADDRESS)	Avanua		FOR MOST OF WORKIN		ORINDI	JSIKI
SOS	USUA	L RESIDENCE (IF IN NURSING HOME O		Lakewood ESIDENCE BEFORE ADMISS	Avenue		LH50		21217	
385	130. S	ATE 136 COUN		CITY OR TOWN	13d.	decade	13e STREET ADDRESS	1	21213	A
유교도		mai		BAIT	() . Y	ES NO	1109 N.	LAKEC	vood	HVE
ZZS	14. FA	THER'S NAME	MIDDLE	1221	15.	MOTHER'S MAIDEL	N NAME MIDE	DIF	IAST	
2.300C	1	1) alch	Model	Jone	5	T IN ST		n	10117	cr
-7		AS DECEASED EVER IN U.S. ARA		66. SOCIAL SECURI	IY NO. 17.	INFORMANT		ADDRESS	111/	
WITH FORM PM 3. REFAIN PA MIT. PAGES I AND 2 SHOULD BE F E. DIVISION OF VITAL RECORDS, 2	(4)	S, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	250.0	0.40	MR. Edu	15. IE.	15-	WE.E.	1 1 0
N S S		yes Kor	CA 11/21/K	0 200.4	0-9028 1	11k.001	UARAFUN	nic 15		IERAJ ST
MT. PAG	PS	CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y ane couse per line for	(o), (b), and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
A E E		AA S A IMMEDIAT	E CAUSE (0) Car	cinoma of	Lung					
F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, DIAL, CREMATION, OR REMOVAL.		1621		A CONSEQUENCE					THE	
EN LE	1111	Conditions, if any, which	11 1-1-1-1						3,712,6	
VICAL EXAMINER A BURIAL-TRANS H AND MENTAL H MATION, OR REN		gave rise to immediate cause (o) stating the under-	(b)	A CONSEQUENCE	05					
V VEN		lying cause last.	DOE TO, OR AS	A CONSEQUENCE	OF					
99			(c)							
AAA	_	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN IN PAR	T I (a).			
E G	CERTIFICATION	Carcinoma	of Colon							
E E	*	19a DATE OF OPERATION		N FOR WHICH OPE	RATION WAS F	PERFORMED?			20 AUTO	SY?
6 B	E		1000						YES (□ NO €
Z 20 —	E E	21a EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY	21c. HOW	INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR		
\$ 5 Z		UNDERLYING OR	HOUR A.M. N	ONTH DAY YEA						
A O	MEDICAL	CONTRIBUTING CAUSE OF		NJURY (AT HOME.	21f. LOCAT	101				
E E	AED	WHILE NOT WHILE	STREET, FACTORY		STREET		CITY OR TOWN		COUNTY	STATE
2	1	AT WORK AT WORK								
51,2		22a I certify that I took charg	(4)	A	Autopsy			X ond in my		
Ž.		1	VIA	/ [, Inspection			opinion	
I E 등		death resultation Natur	ol causes L	gittent L., S	vicide L	Homicide L	Undetermined moni	ner,		
N N N		ACTUAL A VO.	1/0/	211.2/	mint	(SPECIFY)		201		
AH		SIGNATURE VICE	100 / 10	night	10000	Assistant	MEDICAL EXAMIN	NER SIG	NED 2-7	-83
S A A S				//						
		EXAMINER'S NAME Denn	is F. Smytl	1,/M.D.	ADD	DRESS 111 F	Penn Street	r, Baltir	more, Mo	d.
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF' TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	23g. BI	JRIAL, CREMATION, REMOVAL 2	3b. DATE	The NAME OF CE			23d. LOCATION			
	(5	132 1	2/4/23						OUNTY	STATE
	24 5	DWKI A-	411/83	1		750 DATE D	JAMES EC'D. BY REGISTRAR		SSIGNATURE	ر ت
ΛH - T7	24. 1	NAME	ADDRESS	4.	0		TO THE OWNER AND	Q.	Q. C.	ich
ME (5))	6	sells runen	Alltume	1129 N.	AROlin	105- 55	8 983	John	Qu wan	
VI 4/B2										



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 3	() 3	921
	ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
(TY	JOSEPH		JON	ES		2/13/83	1:55p 4
3. S		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	YEAR IF UNDER 24 HRS. DATS HOURS MIN.
	MALE	BLACK	2.	3 1928	55	YRS	The same of the sa
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY O		гн
Sw	COUNTRY)	TICA	WIDOWE	D NEVER MARRIED M	Baltimore	City	MD
	aryland CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N	URSING HOME		12a. USUAL OCCUPATI	ION 126. KII	ND OF BUSINESS OR
1	77 - 1 4 -	(IF NOT IN SUCH FACILITY, GIVE			(TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUS	STRY
US	Balto. UAL RESIDENCE (IF NURSING HOME OR	St. Agnes H					
130	STATE 136 COUN	13c. CITY OR	NWOT	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	TV Caracter	
	Md	Balto		YES NO	743 E. Cold	spring La	ne_21212
14.1	FATHER'S NAME FIRST	MIDDLE LAS	ST	15. MOTHER'S MAIDEN N'A/ FIRST	WE		LAST
1	John H. Jo	nes		Martha		James	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	
	No		2 2597	Geraldine Jo	ones 175 W.	Hamburge	St. 21230
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W	G TO DEATH BUT		INAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN IN PAI	
2	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	RT 2}
7 8	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	DEFICE, FARM ETC)	211. LOCATION STREET	CITY OR TO	WN COUNT	TY STATE
	220.1 certify that (I) (this hospi	tal) attended the degeosed f	from	1 12 19 95	> 10 2 1	3 1983	, that (I) (we) lost
	sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	ti view the stdy offer death.		nd that in (my) (our) apinian of		22¢. [
	Mas			ATTENDING PHYSICIAN	MEDICAL STAI		113/83
	22d. PHYSICIAN'S NAME (TYPE C			226. ADDRESS	A STY		
22	Dr. FAKHOU		122. NIAME OF C	900 CATON	AVE •		
	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 2-18-83		burn Cem	Baltimor	COUNTY	Md.
24	STIP TAT	2 10 03	220 110		E PEC'D BY REGISTRAP		

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

Brown/Thompson F.H. 1913 W. Balto. St.

FEB 1 7 1983 John & Court

EAVEL C outly at the company of the 201 month and the still the Control of the control of A STATE AND A STATE OF THE STAT A STATE OF THE STA Leave the same and of the part of the party of the constant party of

	i .	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLI EALTH AND I ICATE OF E	MENTAL HYG	PIENE 5 3	0 3	928
moy be poge 3		ORPRINT) LERI	RST 4 RACE	MIDDLE E		NES			2-7/8 AY) INUNDER	2b HOUR 28
Poge 4 m		lale	Whit	e	MONTH 12	17	1898	84		DAYS MOUNS MIN.
offer death. Po		RTHPLACE (STATE OR FORE) COUNTRY) Maryland	USA	WHAT COUNTRY?	WIDOWE		VORCED [ore ci;	ty MD.
by the filed	B		14 No Char	HOSPITAL, NURS II ICH FACILITY, GIVE STREET Les Gener	ADDRESS)	spital	21218	120. USUAL OCCUPATION LIVPE OF WORK FOR MOST OF W Retired		IND OF BUSINESS OR
on 24 hour 24	130.	laryland	COUNTY	Baltume	re admission)	13d. INSIDE C	NO 🗌	13a STREET ADDRESS 3600 Buena	Vista A	ve. 21211
omplet ond:		Edward	WIDDLE	Jones				nknown		LAST
be execu an and co s. Pages I		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	215-14-		Alvin		es 1328 Dell	wood Ave	APPROXIMATE INTERVAL
equires that the death certificate signed by the attending physici fren please remove carbon paper to burial, cremation, or remaval, niury, ar other fraumatic event, th	NO	Conditions, if any, wh gove rise to immedi cause (o), stating underlying cause lo	DUE TO, Costs DUE TO, Costs DUE TO, Costs DUE TO, Costs	OR AS A CONSEQUED ON TRIBUTING TO	ENCE OF	Constite !	4 Em.	Failu Failu Disea	ON GIVEN IN PA	ART Tro
The low recicion. te hos been te hos been giene prior shows ony in	CERTIFICATION	190. DATE OF OPERATION	19b CONE	ITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	YES N	Ob. IF YES, WERE F N CERTIFYING CA YES [INDINGS USED AUSES OF DEATH?
SICIAN; ng phys certifica riol-tror entol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	E OF DEATH HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR			RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PA	urî 2)
DING PHYS or ottendir After this e os the bu alth and M marked or	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY OFFICE.	FARM ENCY	21f. LOCATIO		2/2	0.2	STATE
TTEN pritol TOR: for us of He		220.1 certify that (1) (this saw the acceased of abave. (1) (we) (dis) (hospital) attended t live on idid nat) view the body			-	(our) opinion	deoth occurred on the date	-	
tral OR A. by the hos RAL DIREC e detached state Dept. NIT: If hem		NATURE	· Cyle	hicie (June 1	NE		MEDICAL STAFF DIRECTOR PHYSICIA	-/-	17/83
TO HOSPITAL retained by t TO FUNERAL should be det with the State [MPORTANT:		ARCOS	B. GAL	icip d	Ir. M	D M	rth 1		eneral	Hosp.
BP.	- {	Burial Burial	236. DATE 2/11			n Ceme		23d, LOCATION CITY OF TOWN Baltimore	COUNTY	Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERALDIRECTOR Alan Seitz	, Jr. 3818	Roland ADDRESS	lve.	21211	FEB	E REC'D BY REGISTRAL AND	REGISTRANS SE	Shulf

321 6 17/10 12/5	24004		16 10 10
e l'a	32 37 1698	0.110	cra
	K	1.35	Parvisnd
bvrija	orel Hoseital 21918	. Cincilos (na	
3600 Tue 2 Teta . w. 1211	X X	Mise	na Francis
Unknown		Janes	. Lek
r s 1328 ell.com e., (121	de 1700 Alvin I. co	215-1	0 -
	Service of		
Falkingre	Woodland Community		Burlal
	Mye. 21211	ir. Polo roland	. Alan Seitz,

533	1 - :	REGISTRAR			CERTII	HEALTH AND MENTAL HYG	REG. NO		3 9 2
	DECE TYPE OF	ASED NAME FIRST		MIDDLE		LAST		MONTH DAY	YEAR 2b. HOUR
		McDonald		V.	Jone		2-19-83		8:58A
3.	SEX		4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRT	MONTH	DER 1 YEAR IF UNDER 24 HR
		Male		nite		-11-1910	72	YRS.	
2 Z		HPLACE (STATE OR FOREIGN UNTRY)	100	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		
1		Maryland	U.S	.A.	WIDOWI	DIVORCED		ore City	
10	B. C11 Y	Baltimore	(IF NOT IN SUC	HOSPITAL, NURS II THE FACILITY, GIVE STREET THOME, I	T ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Painter		b. KIND OF BUSINESS OF BUSINES
a U	SUAL	RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21201
35	MI	100.000		Baltimo		YES X NO	35 W. Pres	ton SE.	0.700-7
	2.00	ER'S NAME				15. MOTHER'S MAIDEN NA	ME		
福马 []	Ou	illiam	WIDDLE	Jones		Marcare +	MIDDLE	D	LAST
16		S DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SEC	URITY NO.	Margaret 17. INFORMANT	ADDRE	SS	disell
1/	(YES		VE WAR OR DATES)	217-16-	1.1.1.1.	C.W.Fonner	Midtown Home	Inc	
V =	1.	NO EAUSE OF DEATH (Enter of				_ C.W.FORMEL	MIGLOWII HOME	, Inc.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
or ather traunialic		Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause last	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	1	COPD			
inlury,		SENILE DE	MENTIA	DIFFE	DEATH BUT	PREBRALO	ATROPTY +	W PAR	KINSON
Auo 9	CERTIFICATION	a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
		DR. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	PART 2)
/	MEDICAL	Id. INJURY OCCURRED	?le. PLACE	OF INJURY		21f LOCATION			
		WHILE NOT WHILE TWORK	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOV	N C	OUNTY STATE
Z 1 15 mm 21	-	2a.1 certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (did no	7	19	13.	nd that in (my) (our) opinion of	deoth accurred on the da	te and hour and	, that (I) (we) to
1	2	Mejand	In C.	tyre	jue	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE SIGNED
MPORTANII	24	A PAYSICIAN'S HAME (TYPE)	OR PRINT)	1.34	1	22e. ADDRESS	/		
2		RIAL, CREMATION, REMOVAL	23b DATE 2/19		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	cou	INTY STATE
2	4 FUN	ERAL DIRECTOR	v Board	ADDRESS	Ral+	0. Md. 250 PAT	ERECD BY 1508 TRAR	256 REGISTRAR'S	O'GNATURE LA

Some to the same t The same of the sa Management and the second seco The second was a s 1.48 Para Proposition Table 1 Sac. 11 M. Rambidy North North Sac. 10-1

- STATE

DHMH - 16 50M 1/81

(VRA 15. 4)

REGISTRAR

130 STREET ADDRESS 43 15 Belvilus Aul 21215 McElwee 213-66-9456 Ruby McElwee 4315 Belvieu Avenue PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN Md. King Memeorial Pk Baltimore 24 FUNERAL DIRECTOR March F/h Inc.1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

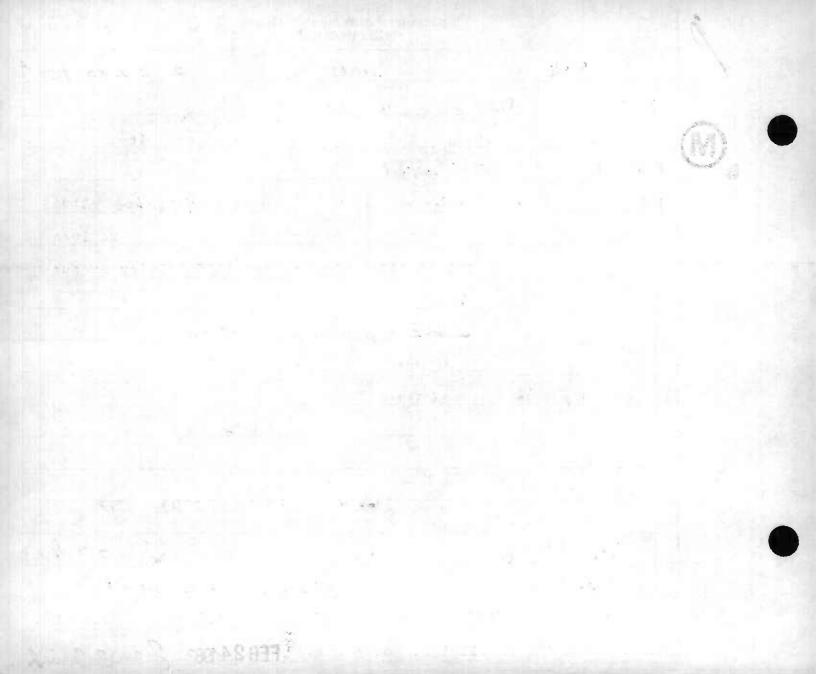
7b. HOUR

12b. KIND OF BUSINESS OR

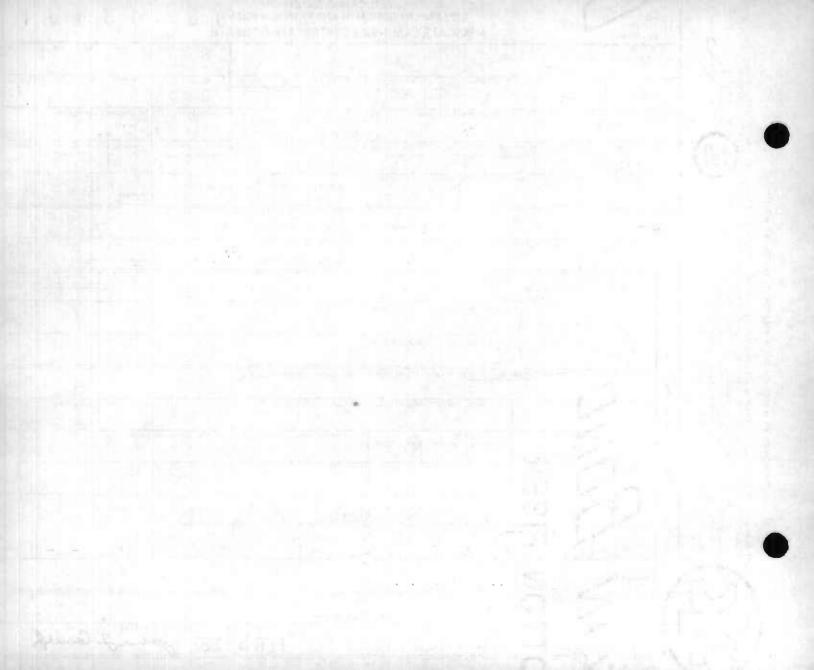
IF LINDER 24 HR

83

INDUSTRY



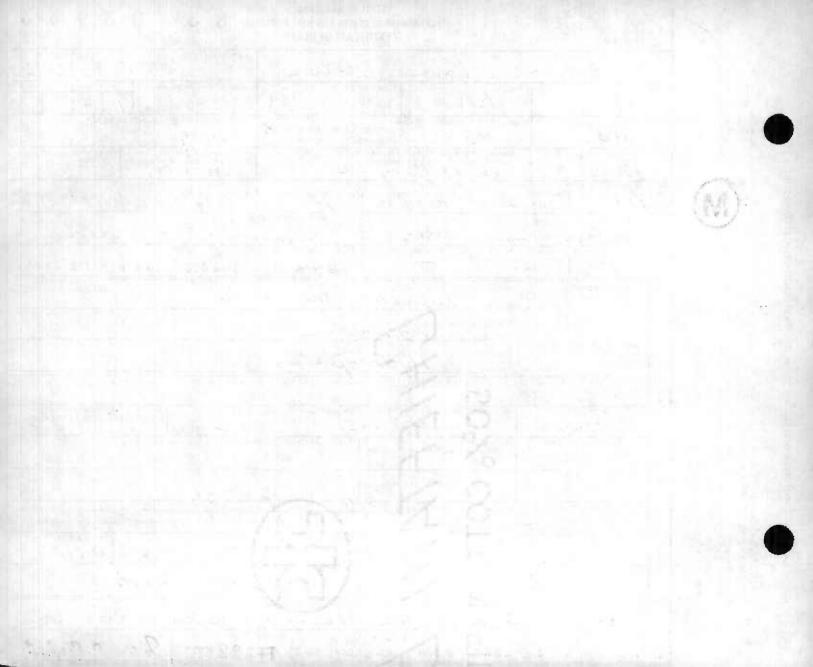
/1-	FOR STATE REGISTRAR			PEPARTMENT OF		AND ME	ENTAL HY	GIENE DEAT	3 H	REG. N	0	3	3	
	PE OR PRINT)	AE FIRST		WIDDLE	Jor	dan		20	OF DEATH	KNOWN 'ESTI- MATED	MONTH	0.5	YEAR 19 83	2b. HOU
3. SE	ale	1. RACE black	S. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UND	ER 1 YR.	IF UNDER 2		DATE RONOUN DEAD	CED	MONTH 2	25	YEAR 19 83	2d HO
	OREIGN COUNTRY	STATE OR	76 CITIZEN OF WH		Te		VER MARRIE				e Cit		DEATH	
3	Bal tim		(IF NOT IN SUCH FAC	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS hns Hopkin)		TION		L OCCUP OST OF WOR		YPE OF WORK		ND OF BI R INDUST	
	STATE	113h COUN		13c. CITY OR TOWN Baltimore	SION)	3d. INSIDE CI YES 🏽	NO 🗆	13e. STREE 804	T ADDRE	ss ott (Court	21	L202	
F	rather's NAM		WIDDLE	Jordan		Pear	-d-	NAME	MI	IDDLE		Ro	LAST DSS	
	WAS DECEAS YES, NO, OR UNKN NO	ED EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR N/A		7. INFORA Pearl	y Ross	s 162	23 N.	Cal		The same of the sa		E INTERVAL
NO	lying co	a) stating the <u>under</u> guse last. SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENCE		OR CONDITIO	N GIVEN IN PART	[] (a).						
CERTIFICATION	196 DATE C	PF OPERATION	196 CONDIT	ION FOR WHICH OP	RATION WA	S PERFOR	MED?						AUTOPS)	'? NO □
MEDICAL CER	UNDERLYIN CONTRIBUT	IG OR CAUSE OF	DEATH P.M.	INJURY MONTH DAY YE 19 PFINJURY (ATHOME,			OCCURRED) (ENTERNA	ATURE OF INJ	IURY IN ITEM	18 PART I OR	PART 2)		
MED	WHILE AT WORK	NOT WHILE [ORY, FARM, ETC.)		REET			CITY OR TO	WN		COUNTY	u	STATE
	death resu ACTUAL SIGNATUR	Ited from Natu	ral causes	w/h/m	Autapsy Suicide ,	Hamie TITLE (S	istant	Undeter	Inquiry	anner	and in my], DAT SIG	re d	2-25-	-83
236	EXAMINER' (TYPE OR PI			y th, M.D.		DDRESS_		Peni		reet	C	OUNTY		STATE
24	FUNERAL DIR	urial	3/2/83	Mt Zio	n Ceme		250. DATE R	I EC'D. BY	ndsd		GISTRAR'	24		БМ
M	illiam	C. March	F/H 1101	E. North A	venue		FEE	28	198 3	00	an	8-6	she	4



VS	1	Al	for G576 2/16/8	Z 200		F MARYLAND LTH AND MENTAL HYG	ENE B 3	0 3 9	3 2
1	8 19		- STATE REGISTRAR	DEF		ATE OF DEATH	REG. NO.		
	0 WE	1. (1	PECEASED NAME PIRST	MIDDLE -	LAST		20. DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
	d do do		Russel		Joyner 15. DATE OF E	I DTU	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER I YEAR	IF UNDER 24 HRS
	4 Page 4 B		NALE	White	MONTH	DAY YEAR	53	MONTHS DAYS	HOURS MIN.
	e Policie	2 19	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	deod	L	Washington	U.S.A.	WIDOWED [DIVORCED [Baltimore		MD.
	by the filled with		CITY OR TOWN OF DEATH Baltimore City	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE University OF	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF V Mechanic		F BUSINESS OR
ID 212	led in old be in the state of t	130	UAL RESIDENCE (IF NURSING HOAD)	INTY I3c. CITY OR	TOWN 13		130. STREET ADDRESS	Clarkston	
LAN	thin 2		lichigan Dak		15	MOTHER'S MAIDEN NA		5 Charlesto	n Road
MAR	mplet and 2	3	Nelson	MIDDLE LAS	Joyner	First Halen	MIDDLE	uas Huf	
ORE,	Poges 1	160	WAS DECEASED EVER IN U.S.A	RMED FORCES? 166 SOCIAL	45	INFORMANT	ADDRESS	6255 Charles	STON RO.
LTIM	9 00	/	7			rs. Carol Jo	oyner Indep	endence Tow	
8A	sticate physic spape spayol.			inly one couse per line for (a), (8 ED BY:	Pro C	errest		BETWEEN	MATE INTERVAL ONSET AND DEATH
IS NO	ding orbor or rei		9/60	DUE TO, OR AS A CONS					
PRESTON	deat offen often, roum	1	Conditions, if any, which	(16) Sep	psi's		25 1 1 1 1 1 1 1		
W. P.	by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	REQUENCE OF	freture			
5, 201	gned in plec burial ry. ar			CONDITIONS CONTRIBUTING		OT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110	
RECORDS	requestrates of the control of the c	_	Crush 1.		pelvis			ACCIT	KNT
	The law icron. te has been isit permit. giene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	ea_	VAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?
DIVISION OF VITAL	Z & SOT ®		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 2		RED (ENTER NATURE OF INJURY		
ON	ending ph this certifi he burial-th and Mental	2/3	OR CONTRIBUTING CAUSE OF DE	R) 1:45 P.M. /	13 1983	Tank tract	tell on	petient	
ISIO	or ottending p After this certific os the buriol-idith and Mental	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	If. LOCATION STREET	CITY OR TOWN	Thologo Had	STATE
No.	or o or o se os se os solth mark	2		ital) attended the deceased fr		Iberteen You	4 0,00 ye	macen Mai	old Ma
	TTEN pitol TTOR for us of He	-	sow the deceased alive a		977	hat in (my)	epicoup of sitoson.	STATE SHOWER	couses stated
	OR A ne hos DIREC piched Dept. If Nem	-	22b. SIGNATURE		1/0/	ATTENDING	MEDICAL STAFF	1 1 O THE BATE	SIGNED
	by the	,	22d. PHYSICIAN'S NAME (TYPE	ALL MOL M	Hall M	PHYSICIAN L	DIRECTOR PHYSICA	P 12/6	183
	TO HOSPITAL retained by th TO FUNERAL should be dett with the State IMPORTANT:		J. R. H.	ALL, MO			reene 5+	- Boldin	w
JGGGG	14	230	BURIAL, CREMATION, REMOVA	23b. DATE 2/10/83		etery or crematory Mem. Garden	SARTITAN.	Sagiriaw	STATE
11111	/BP	24	FUNERAL DIRECTOR	2 9/83/		THE TENING OF ANY	E REC'D. BY REGISTRAR 2	Wayner M:	ichigan
	OHMH - 16 50M 4/82 (VRA 15, 4)	- 13	arzullo Funeral	Service Rei	sterstown	Md. FEF	7 1983	shunder la	well

PARKE MYCH W, CHASTE COMMING

10	FOR - STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 3	0 3 9	3 3
	ECEASED NAME FIRST ECUAPI	DPAUL	Jurak		02 19 83	013°
3. SI	MANE	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		HOURS MIN
35	SIRTHPLACE (STATE OR FOREIGN 76		MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1 15	BOLLYON OF DEATH	1. NAME OF HOSPITAL, NURSING (IF NOT IN BUCH FACILITY SIVE STREET AD		(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	BUSINESSO
13a.	STATE 131 COUNT	THER INSTITUTION, GIVE PÉSIDENCE BEFORE AL Y BRUNDON 136. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1084 F	FITZ Court	-2118
020		Louis Junok	15. MOTHER'S MAIDEN NA FIRST 10-septin	4 MARIC		re
0 16a	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRE L. JURAK	1084 FITZ	COUR
inen piedse remove care ta burial, cremotion, or injury, or other froumotic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	mallitis_	inal disease or conf	DITION GIVEN IN PART 110	
Prior Prior	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	1 .	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
ows ows	2/10/00	1 7 01	pour 1	YES NO	YES 🗆	
18 shaws	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19			
or Item or Item	OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 19 211. LOCATION		RY IN ITEM 18 PART (OR PART 2)	STATE
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospito sow the deceased alive on above, (1) (we) (did) (did not).	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPART 2) WN COUNTY	STATE pot (I) (we) lo
them 21 is marked or them 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital some the decased alive on the contribution of the co	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR 1) ottended the deceosed from view-the-body offers decision	YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET	RED (ENTER NATURE OF INJUR	wn COUNTY the ord hour and from the co	STATE pot (I) (we) lo
OruNEARA TARE THE BUTGET OF ATTER THE BUTGET OF THE BUTGET	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspito saw the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR 1) ottended the deceosed from view the body offer steet	YEAR 19 211. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [CITY OR TO	wn COUNTY the ord hour and from the co	STATE pot (I) (we) lo



1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES '2 (7) '7 (2) 7 (4)											
5/	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.									7 0) =1	
9	1. DE	EASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOWN		DAY YEAR	2b. HO
	(TYP	OR PRINT)	EDWARD	FA	rank	K	CACALA	Sro	OF ESTI- DEATH MATED	⊠ 2 2	1 19 8	3
1	I. SEX	4. RACE	5. DAT	E OF BIRTH		YEARS IF UN	NDER TYR. IF UN	NDER 24 HRS.	2c. DATE	MONTH	DAY YEA	g 2d HC
1			ite 1	5	17 66	YRS. MONT	HS DAYS HOUR	RS MIN.	PRONOUNCED DEAD	2 2	2 19 8	7:3
2	-10	RTHPLACE (STATE OR REIGH COUNTRY)	7b. C11	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH								
2		alto., Md.		U.S.A. WIDOWED DIVORCED XX BALTIMOTE CITY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1708 USUAL OCCUPATION (177F OF WORK							al Whip of	BUILD IECC
0		TY OR TOWN OF DEA			ITAL, NURSING HOP ILITY, GIVE STREET ADDRESS		IER INSTITUTION	1001	OST OF WORKING LIFE)		OR INDUS	STRY
위	USUA	altimore L RESIDENCE (IF IN NUR	SING HOME OR OTHER		onkling ST			Ket	irea.		Longshi	rema
1	la S	ATE ,	NI COUNTY		13c CITY OR TOWN		13d INSIDE CITY LIMI	13e. STR	ET ADDRESS	64-	4.21	22/1
7		THER'S NAME			Baltimon	<u>e</u>	15. MOTHER'S M		J. Conkli		eet 212	224
2/)	John	WIDDLE		Kacala		Mar	211	MIDDLE	9	iolan	
	16a. V	AS DECEASED EVER I	N U.S. ARMED FO		166. SOCIAL SECUR		17 INFORMANT	7	ADD	STATE I	n. Am	mld
	,,,	No	(IF TES, GIVE WAR ON D		216-01-	1814	Edward	F. Kac	ala In.	billooppo	CERTOLE	KXXX
Ī		18 CAUSE OF DEATH	(Enter only one c	ouse per line f	or (a), (b), and (c).)						APPROXIMA BETWEEN ON	ATE INTERVA
		PART I DEATH WA	IMMEDIATE CAUS	SE (o) Ar	teriosclei	rotic	cardiova	scular	disease			
KEMOAN		429	1	DUE TO, OR A	AS A CONSEQUENC	E OF					177.3	
		Conditions, if or gove rise to	immediate	(b)								
12		couse (o) stating lying couse lost.	the under-	DUE TO, OR A	AS A CONSEQUENCE	E OF					1	
		ALOT O CYMER CICARION	CONSTRUCTOR CONTROL	(c)	W. M. C. C. L. C.							
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 101.										
-	ATIO	Metastatic carcinoma of lung 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPS	Y?	
2	IFIC									- 5 - 5	YES 🗆	NO [
3	MEDICAL CERTIFICATION	210 EXTERNAL CAUS		216. TIME OF	INJURY MONTH DAY YE		OW INJURY OCC	URRED (ENTER N	NATURE OF INJURY IN ITEM	M 18 PART 1 OR PART		- 0
5	CAL	UNDERLYING CONTRIBUTING	AUSE OF DEATH	P.M.	MONTH DAT TE	00						PAR
	4EDI	21d. INJURY OCCURR	ED	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION STREET		CITY OR TOWN	COUR	NIA	STAT
	~	WHILE NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	ORK									
MARYLAND, 21201		22a. I certify that I	took charge of the	remoins desc	ribed obove, held on	Autop	osy , Insp	ection .	Inquiry ,	ond in my opin	nion	
2		death resulted from:	Notural cous	es XII.	Accident .	Suicide	, Homicide	. Undete	ermined monner],		
		ACTUAL	1. 1	7	7		TITLE (SPECIF			DATE	0.00	0.7
-		SIGNATURE	My	XX	0	N	A.D. Assist	tant MED	ICAL EXAMINER	DATE SIGNED	2-22	2-83
2		EXAMINER'S NAM	Ann M.	Dixon	. M.D.		111	l Penn	St., Balt	o. Md	21201	
	23c P	(TYPE OR PRINT) URIAL, CREMATION, RI			73c NAME OF C	EMETERY	ADDRESSOR CREMATORY		CATION	, , , ,	2,20	
	(S	Burial	2_9	25_82	Stost		_	CITY	altimore	COUNT	AA I	STATE
1	24. F	JNERAL DIRECTOR	2-2	- /-03	32,32	wusi		ATE REC'D. BY	REGISTRAR OF R	EGISTR R'S SI	CHATORS	0
(1)	(hanles 5	Tailon 8	ADDRESS	2 100	C L 1	c.FE	B 241	983	and	which	K

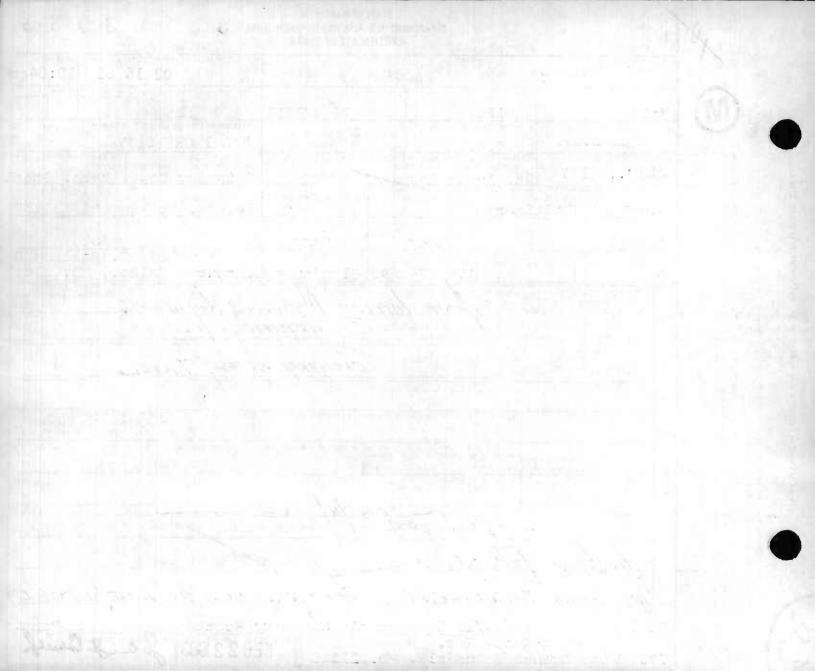
20M 4/82

33 77 3 1 shift . . . couldry married x 981, god its these 21884 tank alread 51/10 3.10

E will sponished

the molesiante for 1-1911 have . sees for the State on the

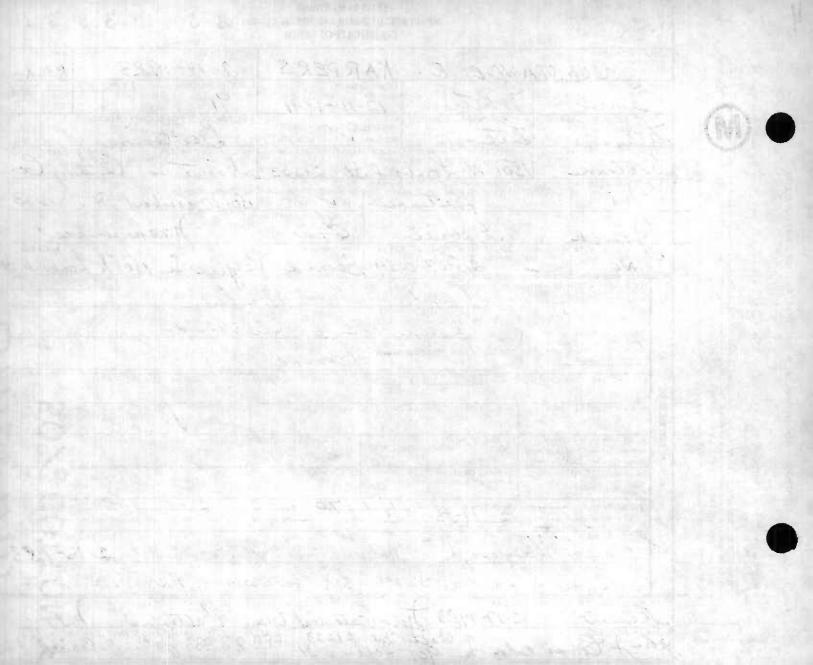
Jel Jel	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 3	No.	3	3 5
/ \		CEASED NAME FIRS	ī	MIDDLE	L.	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
e oth	(1117)	ALBE	RT M	K	ACUR				02 1	6 83	10:34am
100	3. SE	(4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
EVI)	Ma	ale	White		9	24	1901	8	1 IYRS.		
		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER	MARRIED -	9 BALTIMORE CITY			
2 870	Pe	ennsylvania			WIDOWE	D D	NORCED [BALTIMO	ORE CI	ΓY	· MD.
310		TY OR TOWN OF DEATH		HOSPITAL, NUF	RSING HOME C	R OTHER INS	TITUTION	126. USUAL OCCUP		12b. KIND (OF BUSINESS OR
10		LTO., CITY	St. Ac	nes Ho	spita	1		Shippin			h. Steel
4	130.	AL RESIDENCE (IF NURSING HOTATE	ME OR OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRES	S		
150			ltimore			YES 🗌	NO 🔀			ng Rđ	1. 21217
iner	14. F/	THER'S NAME	MIDDLE	LAST		15 MOTHER	'S MAIDEN NA	ME			
1530	J	seph	MIDDLE	Kacı	ır	M	ary	MIDDE		Rot	h
col		VAS DECEASED EVER IN U.		166 SOCIALS	ECURITY NO.	17 INFORM	ANT	AD	DRE1606		olling Ro
Page	No		ES. GIVE WAR OR DATES)	178-0	7-2693	Clau	danna	H.Kacur		.o., M	
s ony injury, or other troumo	CERTIFICATION	Conditions, if ony, whit gove rise to immedia cause (a), stoting the underlying cause later PART 2 OTHER SIGNIFIC.	the tense $\{b\}$ (b) DUE TO. O (c) ANT CONDITIONS \underline{C}		OUENCE OF		D TO THE TENM	PAL DISE SE OR CO	IN CERTIF	, WERE FINDI	INGS USED S OF DEATH?
shov	ERT	21a. ACCIDENT WAS UNDERLYIN	4G 21b. TIME C	OF IN JURY		71r HOW II	N JURY OCCUR	YES NO		ART LOR BART 21	NO 🗍
EG 18		OR CONTRIBUTING _ CAUSE	OF DEATH HOUR A.	M. MONTH				TELEVISION OF			
or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		M. OF INJURY	19	211. LOCAT	ION				
e d	ME	WHILE NOT WHILE C	LAT HOME ST	REET, FACTORY, OFF	ICE, FARM ETC)	STREE	eT .	CITYO	RIOWN	COUNTY	STATE
m 21 is mon		220.1 certify that (I) (this saw the deceased ali above (I) (we) (aid) is	hospital) attended the	16/_1	903/.01	A 2/16/ nd that in my DEGREE	19 2 3 () (our) opinion	death occurred on th		r ond from the	, that (I) (we) lost e couses stoted E SIGNED
ould be detach ith the State Dej APORTANT: If He		124 PHYSICIANS NAME	Fathy	Lefu	6			MEDICAL S DIRECTOR PHY	TAFF SICIAN [
POR th		HAIL Same	tarter	PARIS	=/3	Sy	TENE	K HARD &	80 CAT	rective	(Baser 2/2)
3 8	23a.	BURIAL, CREMATE L. REM			3c. NAME OF	EMEJERY OR	CHEMATORY	23d. LOCATION		-/-	/
	В	urial	2/20/	/1983	Scottd	ale C	emeter	y Scottd	ale	COUNTY	Penn.
50M 4/82		UNERAL DIRECTOR DUC					250 DAI	EREC.D BY RECUST	AR 251 (15)	PARSSION	Carrell
5, 4)		922 Wise Av			k, MD.	2122	2	CD 4 4 190	100	mon	4.



1					STAT	TE OF MARYLAND				of Orange
(BR)	1	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL I	HYGIENE B	REG. NO.	3 9	3 6
		CEASED NAME FIRST	Land and the state of	WIDDLE		LAST	20 DATE O		DAY YEAR	2b. HOUR
may be		PHILLIP	The state of the s	CE		cahl		2-	4-83	11:00 PM
offer.	3 SE	X	4. RACE		MON			EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
director hours of		MALE	WHI		Far	V 3Î 199	3	Ø YRS	MONTHS DAYS	
The 2 ho	. 0	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRI	ED NEVER MARRIED	9 BALTIMO	ORE CITY OR COUNT	^	
1 200	M	ARYLAND	US	SA	WIDOW	ED DIVORCED		SALTIMORE	e City	MD.
1 Seried		BACTIMORE	11. NAME OF	JCH FACILITY, GIVE STREE	ING HOME (ET ADDRESS) PITR	OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKING		F BUSINESS OR
e e e	USU 13n	AL RESIDENCE (IF NURSING HOME STATE 135, CO			RE ADMISSION	A 121 INISIDE CITY HAVITS	a la cross	ADDRESS.		
Series onld b	-	MD C	FCIL		Posm	YES NO X	0 5	EARL DRIV	(.9	21904
in	14 F	ATHER'S NAME			. 0 - 10	15 MOTHER'S MAIDEN		CHIEC CAIL		<u>C. 10 1</u>
\$ C\$ 70		PHILLIP	MIDDLE	KAN		KATHRY	آ لم	REGINA	ITEL	4
2 Poges	160.	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17. INFORMANT	1.	ADDRESS		
onpapers. Po emaval. event, the me			-	NONE		MRS. KATHRY!	KAHL .	- SAME	AS 43	<u></u>
ed by the attending lease remave carbor ial, crematian, ar rei or ather traumatic ev		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, (c)	KANO! OR AS A CONSEOL	-	,	yelops			
Then pled r ta buria injury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE		E OR CONDITION GI	, ,	
ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH	H SPERATIO	ON WAS PERFORMED	20a AUTO	OPSY? 20b. IF YE	S, WEREFINEIN IFYING CAUSES	
T &		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	OF INJURY A.M. MONTH (P.M.	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NA	TURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
alth and Mental marked ar Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,		21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
d far use a . of Healt n 21 is mo		22a I certify that (I) (this has	pital) attended t	he deceased from	2/	. 19_8	5, to	2/4	, 19_83_, 1	hot (I) (we) lost
n 21		sow the deceased alive a	of view the body	v after death.	, 0	nd that in (my) (our) apini	ion death accurre	ed on the date and ha	ur and from the d	ouses stated
It If Item		Fulre	el ()	mit	tre	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. DATE :	193
should be detack with the State De IMPORTANT: If H		22d. PHYSICIAN'S NAME (TYPE		S		22e ADDRESS				"
MPORTANT:		KICHARD,		OUTSNI						
300	23a. I	BURIAL, CREMATION, REMOVA SPECIFY)	7 Fe3		_	EMETERY OR CREMATOR	CITY C	RTOWN	COUNTY ALTO	STATE
50M 1/76	24. F	JNERAL DIRECTOR	, , ,		10.00	25o. D	DATE REC'D. BY	REGISTRAR 2 5 REGIS	TRAR'S SIGNATI	JRE
4))	MI	TCHELL FUNGRAG	- Home	PA HA	URE del	GRACE MD F	EB 9 1	1983 Joan	ng Cas	will

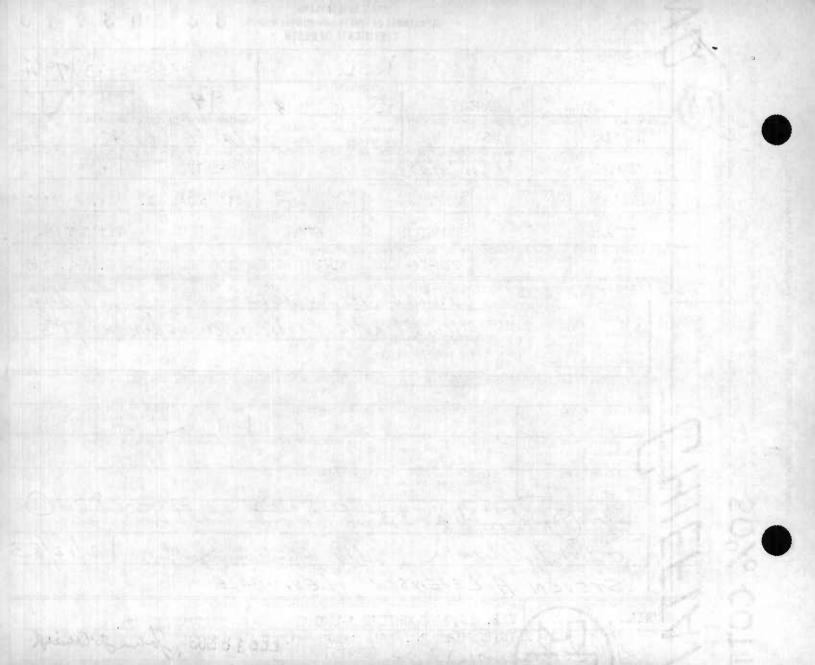
Committee of the state of the s The second of th

	1		STATE OF MARYLAND	-	mm into 154
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		3 9 3 7
	1.06	EASED NAME FIRST	MIDDLE	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
2 7 4		CON STANC	E E, KARPERS	2-14-198	3 1:30 Am
A may	3. SE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	1	Semale Wh	12-11-1891	YRS.	
VI)97	12	MINISTER (STATE OFFICE OF THE CITY OF THE	OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ! WIDOWED DIVORCED [T OF DEATH
11	11.5		OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	171 KIND OF BUSINESS OF
11 00	12	allerne 1501	W. Lombard . tt. 21223	Langtino	Chicking Con
and blue	Tau. S	LATE 136 COUNTY	ON GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS: YES TO NO	? 130. STREET ADDRESS	1 St - 21223
10 200/	14. EA	THER'S NAME HODE	15. MOTHER'S MAIDEN I	1901 . // 001-1-	LAR
1,5900	1	Joseph 1	Tabriel Cva	nach	ausker
20 pg/	100	ES NO OR LINKNOWN! IF YES ONE WAR OR DRIES		Large De 11	01 N. Lombard &
corbonoaper , or removal. natic event, th		18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Clareline Duling	Perdus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the other the remove community other froun	18	Canditions, if any, which gave rise to immediate course (a), stating the underlying cause last.	OR AS A CONSEQUENCE OF Using	le Viende	
an placed only, or	2	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
over only inch	THEATION	THE DATE OF OPERATION 196 COL	NDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\) NO \(\)
trons of type	CER		E OF INJURY A.M. MONTH DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Ment /	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLAI	P.M. 19 CE OF INJURY 21f. LOCATION		
and o	ME		STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY
OR: At theolit 1 is mo		220.1 certify that (1) (this hospital) attended saw the deceased alive an	14-93 19 and that in (my) (our) apini	ian death occurred on the date and hai	, 19 , that (1) (1) last
HOUD PL 0		abave, (1) (see) (did) reliable to view the ba	ady after death. DEGREE		22c DATE SIGNED
AL DIS	1	Bend Karner		MEDICAL STAFF	2-16-1983
FUNER Lid be o	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	ESSIDNAL PRIS	Ber. Bairo He.
5443一	73a. I	URIAL, CREMATION, REMOVAL 23b. DATE	NAME OF CEMETERY OR CREMATOR		0
BP	1	Ruusl J-17	-1983 h to The Of-	CITY TOWN	county his state
HMH - 16 50M 4/82	C/A	NAME OF THE PROPERTY OF THE PR	1 Gast. Jul. 21223, 154	DATE REC'D BY REGISTRAN BY REGISTED 2 2 1983	TPAR'S SIGNATURE
(VRA 15, 4)	X	1. Cowar Son	Onc. 901 Hollins IT.	2 2 1000 g - w	~ Comments



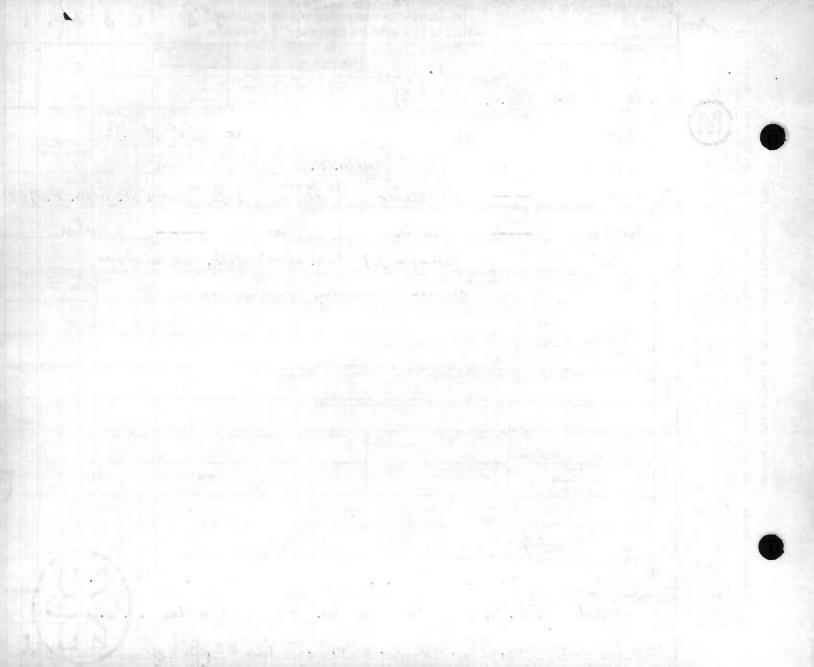
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

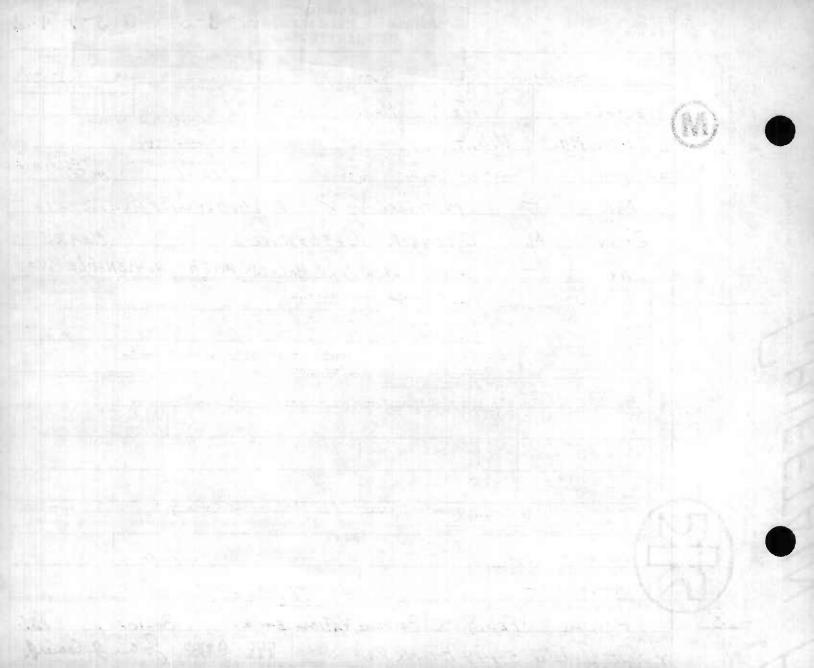
- STATE



1. DE	EASED NAME	FIRST		WIDDLE	LA	sr	2	DATE KNOWNY		DAY YEAR	12h HOUR
	OR PRINT)	Elsie		L.	Ќеі	th		OF ESTI-	2/23/		M
Fe		111	ct.6, 193	9 YEAR LAST BIR	HDAY) MONTHS	DAYS HOURS	DER 24 HRS. 2	DATE RONOUNCED DEAD		DAY YEAR	12:15 P M
7 Z.FO	RTHPLACE (STATE REIGN COUNTRY)	OR 7t	CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MA	ARRIED 0	Baltimore city Baltimor	OR COUNTY		MD
10. CI	Baltimor	e /	Mercy H		Balto.	INSTITUTION	12a. USUA FOR MG	LOCCUPATION (TY OST OF WORKING LIFE) OMEMOREA		OR INDUSTR	
la s	residence (IF IN	13b COUNTY	THER INSTITUTION, GIVE	RESIDENCE BEFORE ADM 135 CITY OR TOW Baltimon	15510N) V .e	BE INSIDE CITY LIMIT		1 Address, 2 Jackson	St. Bas	lto.Md.	21230
0	THER'S NAME Stephen		MIGDLE	Wendling	Maria.	5. MOTHER'S MA		WIDDLE		icken	
/ 16a V	S, NO, OR UNKNOWN)	/ER IN U.S. ARMEI		214-38-6		Mr. Robe	rt Keit	h, Same as			
	Conditions, gave rise cause (o) star lying cause le		DUE TO, OR A	hronic Ob AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE	CE OF			isease		BETWEEN ONSET	
CERTIFICATION	19a. DATE OF OP	ERATION	196 CONDITI	ON FOR WHICH O	PERATION WAS	PERFORMED?				2D AUTOPSY?	NO 🗆
CAL CERT	21a EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS OR CAUSE OF DEA	21b. TIME OF HOUR A.M.	MONTH DAY Y	EAR 21c. HOV	Y INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN ITEM II	B PART 1 OR PART 2		
MEDICAL	21d. INJURY OCC WHILE N AT WORK A		21e PLACE O STREET, FACTO	FINJURY (AT HOME DRY, FARM, ETC.)	, 21f LOCA STRI		-7.11	CITY OR TOWN	COUNT	Υ	STATE
7	22a. I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAI (TYPE OR PRINT)	ram: Naturol	Sh	ribed obove, held o Accident , Guard, M.	Suicide , M.D. D. AL	Hamicide TITLE (SPECIFY ASSIS DDRESS	Undeter tant	mined manner	DATE SIGNED.	2/24/	
23a. B	PECTEV) /	N, REMOVAL 236.	DATE 100	23t. NAME OF	CEMETERY OR	CREMATORY	23d. LOC		COUNTY	n / st.	ATS
	DULLO INERAL DIRECTOR		6.25,198	3 Glen h	aven me 21230		TE REC'D. BY R	Burne, A	SISTRAR'S SIG		ш

20M 4/82

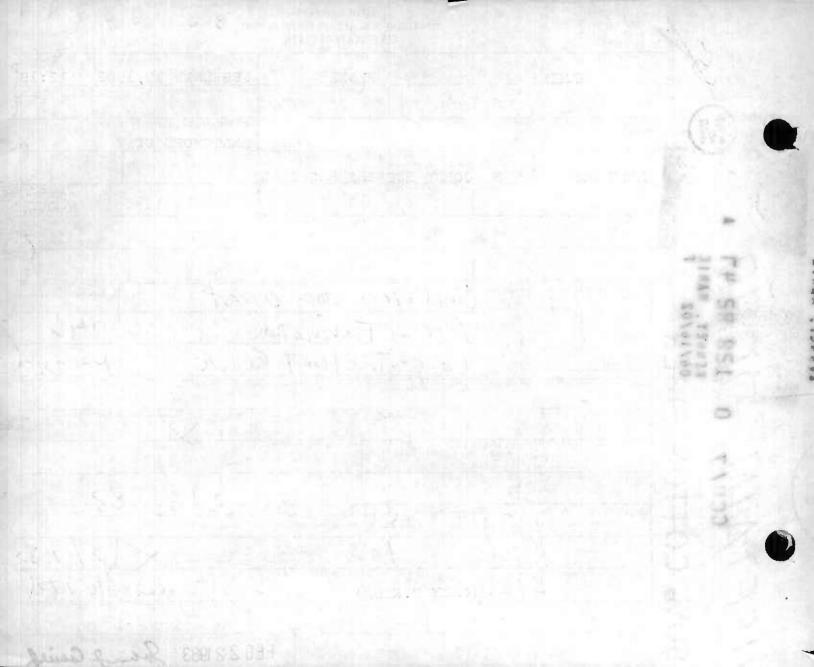




8	1	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0	3 9	4 3
		CEASED NAME FIRST	ladys G	Ken S. DATE C	duck DE BIRTH	20 DATE OF DEATH	MONTH DA	Y YEAR 83 UNDER LYEAR	2b. HOUR
	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITDV2 8	21.1914	6.8	YRS	DATS DATS	HOURS MIN
77	S	COUNTRY) OUTH CAROLINA ITY OR TOWN OF DEATH	U. S. A.	MARRIE	D DIVORCED	BALTIM	JORE (ary	٨
70		BALTO.	NAME OF HOSPITAL, NI		med center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MANAGER	OF WORKING LIFE)	12b. KIND OF	F BUSINESS O
BS	13a	AL RESIDENCE (IF NURSING HOME O	MIY IJLGITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	HIGHLAI	DD AV	24 (E,
00	4 F/	THER'S NAME CHARLE	MIDDLE E. GAMBI		15. MOTHER'S MAIDEN NA	ARA TURN	EQ	LAST	
medical		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO. 6-0738	17 INFORMANT WK. Paw R. K	ADDRI		Rich	2122
lary, or orner troumons even	NO		DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	t hemifleg	in Haffa	DITION GIVEN	NIN PART 110	
9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDING CAUSES	GS USED OF DEATH?
gor them 18 st	MEDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		DAY YEAR	21f. LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STATE
Memoral in management		22a I certify that (I) (this hosp saw the deceased alive or Dave, (I) (we) (did) (did not hard)	ital) attended the deceased fi	rom Neary	d that in (my) (our) optnion	/		and from the c	1300
MPORTANT		22d PHYSICIAN'S NAME (TYPE)	KEED M.	P.	ATTENDING PHYSICIAN [8. St. BE		7/7/ Mo. 2	1730
		URIAL, CREMATION, REMOVAL	23b. DATE 2-8-83	0	EMETERY OR CREMATORY	PANDE Y	BON,	S &	STATE
/B1	10	DEFAL DIRECTOR	- 2324 100	e de la mar	S. FEE	e rec's by recistrar	NY REGISTRA	RYSICHE	and!

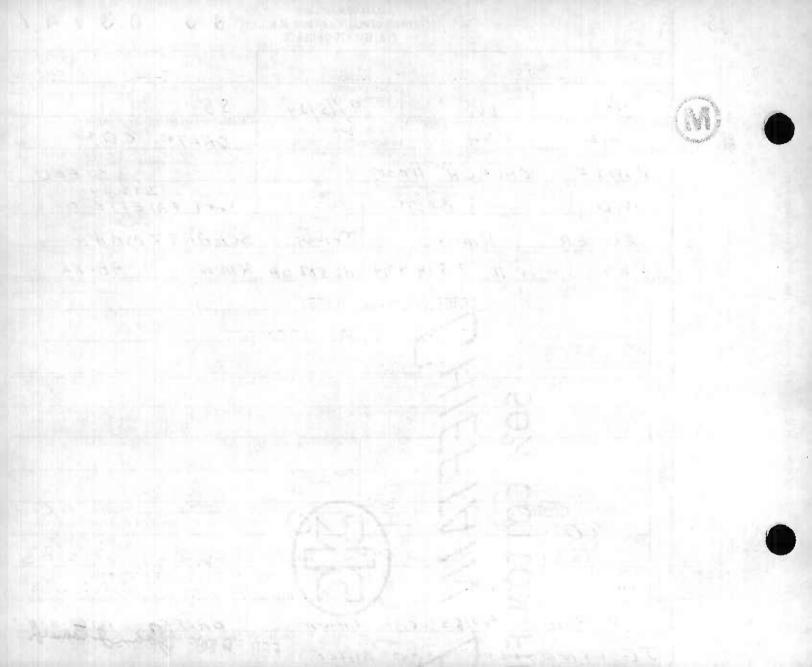
THE PROPERTY OF THE PARTY OF TH BURN OURSER HOOF X STITE TO AN CHARLES E GAMBARLY SARA TURNED Light GOEF - sentend 9 had fle METS- 21-840 - with the same of t

, ,	K ₁	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 3 REG. NO.	0 3	9	4 4
- 6		CEASED NAME FIR	ST	WIDDIE	l	AST	20	DATE OF DEATH MONT	H DAY	YEAR 2b	HOUR
1 11	1	MAM	Œ		K	ENNEY	1	FEBRUARY 1	9.198	3]	12:19M
	3 SE	Female	4 RACE B	lack	5. DATE C		02	AGE (IN YEARS LAST BIRTHDAY)	MONTHS YRS.		OURS MIN.
(M)	7a. B	IRTHPLACE (STATE OF FOREIC N.C.		WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	D	BALTIMORE CITY <u>OR</u> CO	UNTY OF DE	ATH	MD.
A de la constante de la consta	45	BALTIMORE		JCH FACILITY, GIVE STREET	ADDRESS)	NS HOSPIT	N 12a	USUAL OCCUPATION YPE OF WORK FOR MOST OF WOR	12b.	KIND OF BUUSTRY	USINESS OR
A be		AL RESIDENCE LIF NURSING H		13c CITY OR TOW Baltin	E ADMISSION)	13d. INSIDE CITY LIMI YES 🗱 NO	ITS? 13e	SIREFLADDRESS L	inwoo	d Av	213 enue
1 1300	JA F	Jesse	MIDDLE	Joyner		15. MOTHER'S MAIDE Mart		MIDDLE		Will:	iams
17 17		No	YES, GIVE WAR OR DATES)		-6402	17 INFORMANT Dorothy	М.	Jones 1303	N. L	inwo	od Ave
oth certificate and certificate a cutto process		4280	DUE TO, C	1	. 1	riratory	tran	rest		APPROXIMATE ETWEEN ONSE	INTERVAL TAND DEATH
Sol w PRE		Conditions, if any, whi gove rise to immedia cause (a), stating t underlying cause la	he DUE TO, C	Cons	e4 11.	re Heart		TWC	N GIVEN IN 8	aan	1 year
ALRECOROS The low count To the low count	CERTIFICATION	19a date of operation				N WAS PERFORMED		20a AUTOPSY? 20b.	IF YES, WERE CERTIFYING C	FINDINGS AUSES OF I	USED DEATH?
DIVISION OF VITA NG PHYSICIAN: The content of the	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX. 21d. INJURY OCCURRED	OF DEATH HOUR A	OF INJURY N.M. MONTH D. P.M. OF INJURY	AY YEAR 19	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF INJURY IN ITI	EM 18, PART I OR I	PART 2)	
DIVISIO Or offer t After t Costhi Light Gard marked a	WE	while NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this	(AT HOME, S	TREET, FACTORY, OFFICE, I	-10	STREET	13	2 CITY OR TOWN	8	S I I	STATE
OR ATTEN OR ATTEN DIRECTOR Sched for Or Doptor I fem 21 is		saw the deceosed ali above, (I) (we) (did)	ve onlid not) New the bod	y after death.	55 bn	d that in (my) (aur) op	pinion deat	h occurred on the date on			-
ERAL ERAL Store		22¢ PHYSICIAN'S NAME	1 July		M	ATTENDIT PHYSICIA 122e. ADDRESS		MEDICAL STAFF		2/1	8(83
TO HOSPITAL retained by, TO FUNERAL should be del with the Stote	22-1		Kluh	(GARY D			062	ic (toples	es l	105,11	tel
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	2/24			METERY OR CREMATO	m.	23d LOCATION / CITY OR TOWN Anne Aru		Co.	STATE MD
*DHMH1650M 1/B1 (VRA 15, 4)		uneral director m Marcl	h F/H 1	101 É. 1	North	Ave.	FEB	C'D. BY REGISTRAR 256. R	Planes s	S. C.	wild



The state of the s

STATE OF MARYLAND



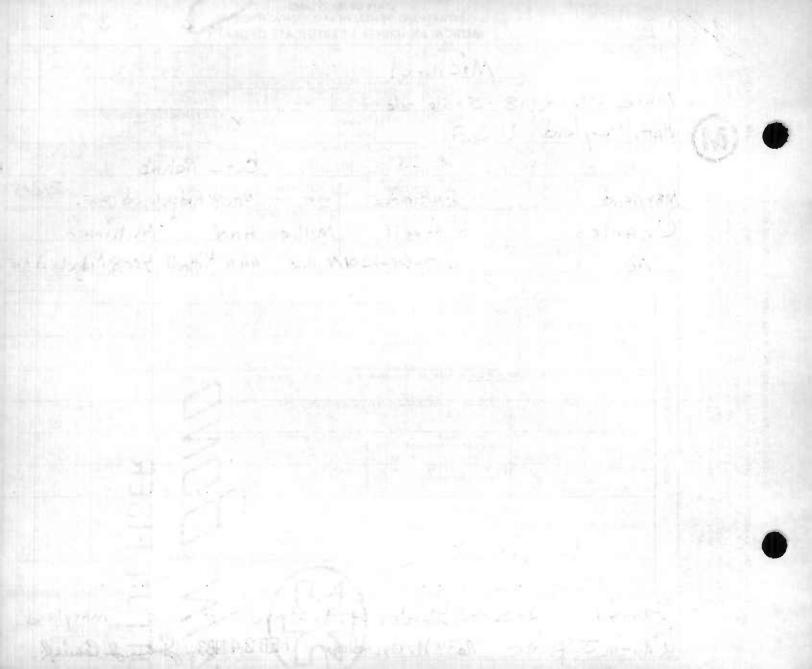
(VRA 15, 4)

STATE OF MARYLAND

11-	FOR		Di	STA EPARTMENT OF	TE OF MARYLAI HEALTH AND M		ENE)	0 3	0	19
	STATE REGISTRAR			ICAL EXAMIN			EATH REG.	NO.	, ,	-3 /
	CEASED NAME	FIRS1	Carried State	WIDDLE	LAST		20. DATE KNOWN OF ESTI-	MONTH	DAY YE	EAR 26 HOUR
		EDWARD		R.	Kisner		DEATH MATED	_		83 "
3 SEX		Nace Nhite	5. DATE OF BIRTH MONTH DAY 8 10	YEAR 47 6. AGE (IN YE LAST BIRTHD	AY) MONTHS DAYS	HOURS AIN	PRONOUNCED DEAD	монтн	15 19 8	12:50
Za. Bi	RTHPLACE (STATE	OR	76. CITIZEN OF WHA		8. MARRIED NE	VER MARRIED T	9 BALTIMORE CIT	Y OR COUNT		
W	. Virgini	ia	U.S.A.		WIDOWED	DIVORCED 2		e City		MD
PB	TY OR TOWN OF		St. Agnes	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS) HOSPITAL			usual occupation for most of working life) Truck Drive	TYPE OF WORK	OR IND	F BUSINESS BUSTRY Cn Expre
Hig S	AL RESIDENCE (# # TATE aryland	136 COUNT	OTHER INSTITUTION, GIVE	residence defore admissi 13. CITY OR TOWN Baltimore	13d. INSIDE (STREET ADDRESS 013 Wilkens	Avenu	e 212	223
	THER'S NAME Edward M			LAST	E	er's maiden na first C mma	Jean		Dawso	on
	VAS DECEASED EVES, NO, OR UNKNOWN)			166 SOCIAL SECURIT			ADDR		. 23	
	Yes	196	65 (1 Mo.)	212-48-0	347 Jani	ce M. Ho	obbs 2013 W	ilkens	Ave.	21223
CERTIFICATION	gave rise cause (o) sta lying cause 1	ICANT CONDITIONS <u>C</u>	(c)	S A CONSEQUENCE IT NOT RELATED TO THE TERM	NNAL DISEASE DR CONDITIO				2D AUTO	PSY?
I E									YES	O NO D
MEDICAL CER	210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M.	MONTH DAY YEAR	R	OCCURRED (EN	TER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PA	RT 2)	
MED	21d. INJURY OCC WHILE AT WORK A	OT WHILE T	21e PLACE OF STREET, FACTO	INJURY (AT HOME, RY, FARM, ETC.)	211 LOCATION STREET	Regi	CITY OR TOWN	co	UNTY	STATE
	death resulted f	ram: Natura	al couses XI,	8	M.D. Ass	istant "	determined manner	OND IN MY OF DATE SIGNE	2-	<u>15-83</u>
	EXAMINER'S NA (TYPE OR PRINT) URIAL, CREMATIO SPECIFY)	Ann			ADDRESS_		St., Balto	o., Md.	. 2120	1

20M 4/B2

			STATE OF MARYLAND	
0/	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 3	9 5 0
3/		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
A		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN X MONTH	DAY YEAR 26 HOUR
38 × 28 F.	(11)	CHARL	ES MICHAEL KITTRELL OF ESTI- DEATH MATED 2	21 1983 M
PLEASI ECTOR FILES HOUR	3. SE		5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 24 HOUR 12:40
RY, PLEASE DIRECTOR. OUR FILES. TZ HOURS	AA	ALA RIMAN	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	
33000	70 B	IRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	
A MARKET	R	DREIGN COUNTRY)	MARRIED NEVER MARRIED W	OF DEATH
23/WI)_	201	aft. Maryland	U.S.H. WIDOWED DIVORCED Baltimore City	MD.
2 単 当日	10. C	ITY OR TOWN OF BEATH	TT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK I FOR MOST OF WORKING LIFE) &	26 KIND OF BUSINESS OR INDUSTRY
950= 209		Baltimore	Maryland General Hospital (DOA) Ceta Nones	
= 00 × 90 × 00		AL RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 134 CITY OR TOWN 138. INSIDE (ITY LIMITS? 138, STREET ADDRESS 8	21215
55 SEPTIONS 2	MP	Eryland		VE. 212/)
2 2		ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
ORE, ME PATH.	0	G FIRST	MIDDLE WAST AND STATE OF THE MIDDLE WAST	1AST
TIMOR TER DE F PAGE FORM SES 1 A	160	WAS DECEASED EVER IN U.S. ARM		Mer
I., BALTIMORE, MD. URS AFTER DEATH. WITH FORM PM 3 II. PAGES 1 AND 2 II. PAGES 1 AND 2 II. DIVISION OF VIVAI	()	(ES, NO. OR UNKNOWN) (IF YES, GIVE W	MAD ON DATES	P'1 1
RS AN WITH WITH DIVIS		NO		
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)	BETWEEN ONSET AND DEATH
W. PRESTON ST., NUTHIN 24 HOUF ENCIL IN 1EM 18. MINER ALONG W TRANSIT PERRIT. OR REMOVAL.	1 3		ECAUSE (a) Stab wound of chest	
STO N STO N		7660	DUE TO, OR AS A CONSEQUENCE OF	
PRE ANS		Canditions, if any, which gove rise to immediate	(b)	
OR TREE		couse (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
NA PARA		lying cause last.		
AAL AAL AAL AAL AAL		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G.	
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PENCIL IN TIEM 18. FF MEDICAL EXAMINER ALONG W FED AS A BURAL-TRANSIT PERMIT. HEALTH AND MENTAL HEACHT. AL, CREMATION, OR REMOVAL.	z		The second of th	
- CREAL	MEDICAL CERTIFICATION	19a, DATE OF OPERATION	19%. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD ORD "PE CHIEF N E USED / URIAL, OURIAL,	Š	178. 57112 57 57 577 757	TW. CONDITION ON WHICH OF ENGLISH WAS FER OWNED.	
S CERTIFICATE SHOU RITING THE WORD." RDED TO THE CHIEF E.S SHOULD BE USE TO EPRARMENT OF HOIP FRICKS TO BURRAI	E	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 276, HOW INJURY OCCURRED JENIER NATURE OF INJURY IN TIEM IS PART LOR PART	YES NO
A THE WILD BY THE WILD BY THE WILD BY THE WILD BY TO B	8		HOUR A.M. MONTH DAY YEAR	2)
S FED SES	2	UNDERLYING OR CONTRIBUTING CAUSE OF D		
VIS SECTION OF SECTION	ê G	21d INJURY OCCURRED WHILE NOT WHILE IN	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUR	NIY STATE
DIV THIS CI WARDE WARDE PAGE 3	~	AT WORK AT WORK	home 2216 Brookfield Ave., Balto.	Md.
DIVISION OF VITAL RE JAMER: THIS CERTIFICATE SHOULD SIGATE, WRITING THE WORD, "PEI E FORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C		22a Landidy that Ltack charge	e of the remains described above, held an Autopsy 🛴 , Inspection 🔲 , Inquiry 🔲 , and in my api	
M Q C D H S				lion
AMA RTIF R PL R PL		death resulted fram: Nature		
A S S S S S S S S S S S S S S S S S S S		ACTUAL MA	TITLE (SPECIFY) DATE	0 00 07
A HE SEE SEE SEE		SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNED	2-22-83
W S S S S S S S S S S S S S S S S S S S		EXAMINER'S NAME AND	M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md.	21201
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2		(THE CONTROLL)		21201
₽ ₩₩₽₽₩₩	230 B	URIAL, CREMATION, REMOVAL 23	GHY OR TOWN COUNT	STATE
BP	1	ourial e	2-26-83 Marden of Eternal Hope BALTIMORE, 1	MATYLAND
DHMH - 17	2) F	UNERAL DIRECTOR	ADDRESS ADDRES	SNATUR
(VR A15 ME (5))	u	MILIAM J. SPICE	er 1839 M. Broadway FEB 241983 Some e.	Capiel



funeral director, page 3 thin 72 hours after death

moy be

FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE	3 (3 9	5 1
D7 D77	IARRY PLE	KLE IN	FEBRU		1983	12:00
3 SEX 4 RACE WY	HITE	5. DATE OF BIRTH		RS LAST BIRTHDAY)	MONINS 6	NOON MIN.
MARY LAND 10. CITY OR TOWN OF DEATH 11. NAM	T IN SUCH FACILITY, GIVE STREET	MARRIED NEVER MAI WIDOWED DIVO	RRIED AA	ECITY OR COUNTY LMARK C OR MOST OF WORKING E	ITY KIND O	MD PF BUSINESS OR
ISUAL RESIDENCE (IF NURSING HOME OR OTHER INST 130. STATE MARY LAND HARFORD	TUTION GIVE RESIDENCE BEFORE 13. CITY OR JOWN FOREST H	NI 134 INSIDE CITY	LIMITS? 13. STREET A	JARRETT:	SVILLE R	21050 D.
MICHAEL	KĽĔIN	15 MOTHER'S M		WIDDLE	BERĜ	ER
160 WAS DECEASED EVER IN U.S. ARMED FOR (1985 NO OR UNENDWN) (1995, GIVE WAR ORD			KLEIN 410 W	. JARRETS	SVILLE R	D. (21050
18 CAUSE OF DEATH (Enter only one cor PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Conditions, if ony, which	1 12	NCE OF	Ventride		BETWEEN C	MATE INTERVAL DNSET AND DEATH

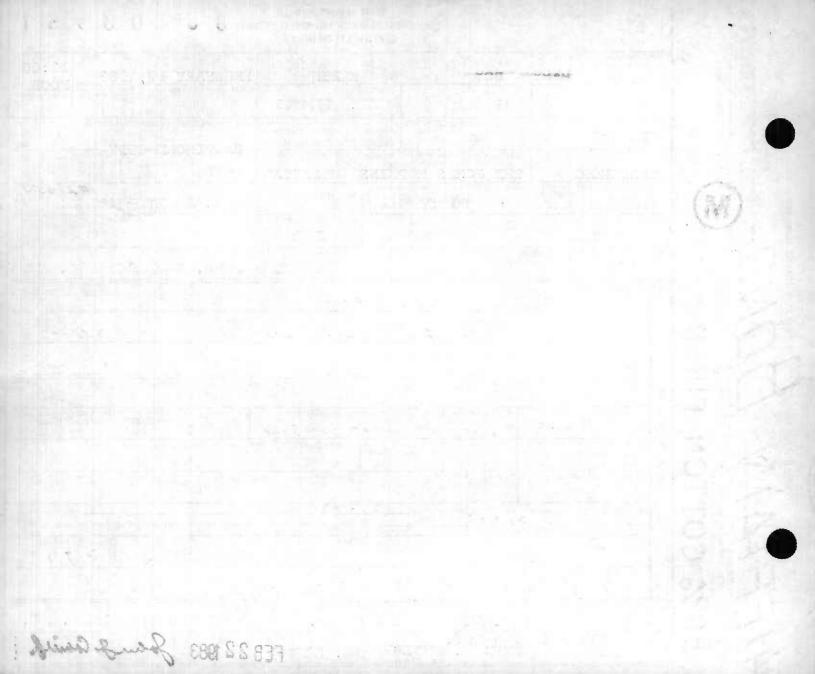
1	MICHAEL	WIDDLE	KLEIN	CLÄŘA	WIDDIE	BERĜER						
I	(YES NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	NONE	17 INFORMANT MICHAEL KLEIN	N 410 W. JA	ss RRETSVILLE RD.(21050)						
		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY: (
	Conditions, if ony,	which (1b)	DUE TO, OR AS A CONSEQUENCE OF 16) Hypofluntic Left Ventricle									
١	couse (0), stating underlying couse	of the lost. (c)	DR AS A CONSEQUENCE OF									
1	PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND	OITION GIVEN IN PART 110										
7	J/// &	710. ACCIDENT WAS UNDERLYING 7 216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER MATURE OF INJURY)										
	OR CONTRACTOR C	10. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F										
I	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MAT WORK AT WORK	LIAT HOME ST	OF INJURY IREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE						
	sow the decease	220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 2/1/1/87, 19, to 19, to 19, that (1) (we) lost sow the deceased alive on 2/1/1/87, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
	22b. SIGNATURE	Villey		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FIAN S 221. DATE SIGNED 3/19/83						
	22d. PHYSICIAN'S NA	fillurrent		Juhna Hu	phing	Hogpital						
1	BURIAL CREMATION, I	2/20/		EL MEM. PARK	23d. LOCATION RANDALL	STOWN, COUBALTO., MD.						
	24 FUNERAL DIRESTOR.	EVINSON & B	ROS.	25e DATE	REC'D BY REGISTRAR	25 SEGISTRAR'S SIGNAURE						

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

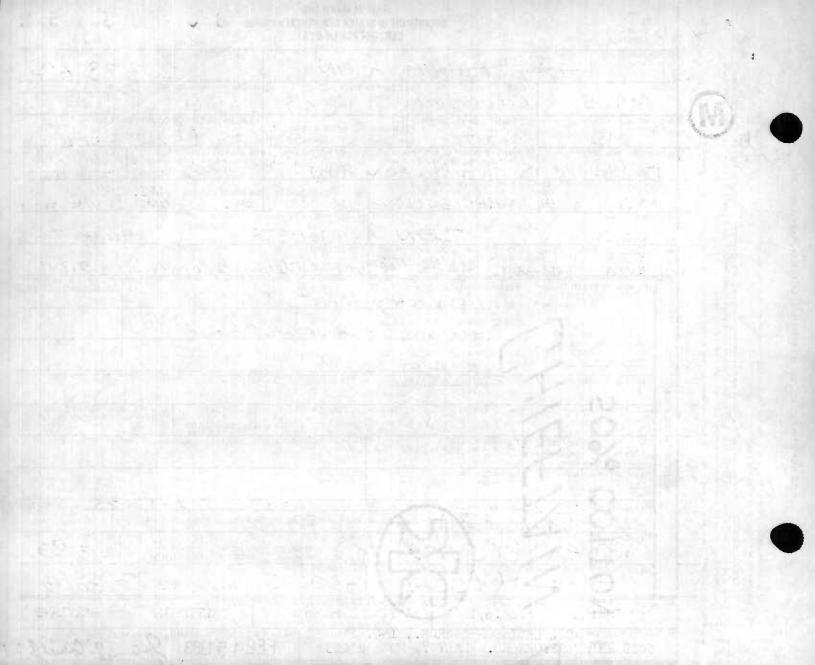
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical

6010 REISTERSTOWN RD. BALTIMO E, MD. (2121FEB 22 1983



(VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 mare retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in try the fundational should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shaild be filled in the very with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked an them 18 shows any injury, or ather traumatic event, the medical examine much
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requir retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene priar to burial. cremation, ar remayal.	IMPORTANT: If them 21 is marked ar them 18 shaws any injury

Λ.	1			STAT	E OF MARYLAND		- 100 a 210 tog
1	1	FOR STATE REGISTRAR	DEPAR		TEALTH AND MENTAL HY	GIENE 8	3 9 5 3
deoth deoth		DECEASED NAME FIRST YPE OR PRINT! CHURGE	MIDDLE		DINST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 44
1 5	3	SEX	4 RACE	5. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
(M	74	MALE THPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTR	10 Y2 8	06 11	71 YRS	TV OF BEATH
97	1	PENNSYLVANIA	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED		יעיד
1/1		BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI ST. AGNES H	SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MACHINIST	126. KIND OF BUSINESS OR
130		UAL RESIDENCE (IF NURSING HOME OR I. STATE 136 COUN MARYLAND HOW	OTHER INSTITUTION GIVE RESIDENCE BEF- ITY 13t CITY OR TO ARD ELLICO	ORE ADMISSION) OWN OTT	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 9383 FURROW AV	SEAL
origin	14		WIDDLE LAST		15. MOTHER'S MAIDEN N.	AME	tast
× o	160	WAS DECEASED EVER IN U.S. AR/	KLINEDIN MED FORCES? 166 SOCIAL SE		MAMIE 17 INFORMANT	ADDRESS	LAUER
medic			212-09=		GEORGE R. K	Control of the still	21043 FURROW AVENUE
t, the		18 CAUSE OF DEATH (Enfer on PART I. DEATH WAS CAUSE)	ly one couse per line for (o), (b),		CHORGE R. R.	EINIDINGI 7503 I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mation, ar ren r traumatic ev		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEO	DUENGE OF B	dominal as	ortic areury	m 3he.
a burial, cre jury, ar athe	7	underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO (c) ONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERA	minal disease or condition G	IVEN IN PART 110
haws any inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	CH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \ NO \
Hem 18 s		000000000000000000000000000000000000000	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
rked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE	E FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ar hear		220 I certify that (I) this haspit saw the deceased alive an above (I) we) did (did not			d that in (my) our) opinion	death accurred on the date and ha	. 19, that (I) (we) last
NT: If Item		Michael	Billacan	UM	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271 DATE SIGNED 2/11/83
IMPORTAL			T. MALON		900 CATON	AUE. BALT	MD 21229.
, = ,	230	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	BROOKLYN PK.	A°A'. MARYLAND
M 1/B1	24	BURIAL FUNERAL DIRECTOR	02-15-83	HOLY	CROSS 1250. DA	TE REC'D. BY REGISTRAR 256 GIS	
4)		UBBARD FUNERAL H	OME. INC. 4107			EB 1 5 1983	ingle Cancell
	-	I			10 -11		- V

THE PLANT THE PARTY OF THE PART andless arrest suptimal indominal asste assuring on This Lukatile approved was Who style Triball Waller Hill. MILLIANTE OF MIRESON 900 BRICH RUE ELLE 1000 OLIVES 3/20 45 Tanto 95 ASSESS TO LOUIS TO THE PARTY OF

2/21/83

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue FEB

Burial

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

BP.

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

Meadowridge Mem. Park

Elkridge

Howard

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

21227

Stonesifer

STATE

Maryland

21227

the fact of the same Mining Provided a Mining where the San Street and numbers of the second states of the second second first to the second se

3	1.	FOR STATE REGISTRAR	Di		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 3	o. U 3 9	3 3
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
1	,,,,,,	MILD	RED	KNOBLI		FEB 8		M
(E)	3. SE	X	4. RACE	S. DATE C	DAY WEAD	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
學儿		<i>-</i>	W	11	11 1918		4 YRS.	
1 D <		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH	
in y		MO	VSA	WIDOWE		BALTO.	6179	MD.
within within	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
3 50		BALTO.		LAND A	VE 21224	1-15 W	E	71 77 11
should be the	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY 13c. CITY C	OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	SHLAND AU	IF.
2 sho	14. F/	ATHER'S NAME	10.1		15. MOTHER'S MAIDEN N	AME		
completely 1 and 2 sh all examine		TOHA!	HFLFRICE	AST	MARGA	RET	EARHART	51
-			ARMED FORCES? 166. SOCI	AL SECURITY NO.	17. INFORMANT	ADDR	ESS 2	1224
Pages	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 213	-22-3986	ROBERT KA	OBLE 12	26 HIGHLAN	UD AUE
ol.		18. CAUSE OF DEATH (Enter	anly ane cause per line far (a)		01	-	APPROX BETWEEN	ONSET AND DEATH
emaval.		PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (a)	Jass-ive	Kulmou	and fm.	20100	
		1537	DUE TO, OR AS A CO	NSEQUENCE OF	1 -10	0.6		
ove c fion, oum		Canditians, if any, which	(b)	TV	Moundopper	Bris -		
emo er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF) P (Concerd	COLON	
ol, cr	-	underlying cause last.	(c)		CECLINA	ather of	Coron	
n signed by the attending. Then please temove carb to burial, cremation, art injury, ar ather traumatic	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	a,
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDI	
	IFIC					YES NO	IN CERTIFYING CAUSES YES	NO [
Hygiene 18 shows	1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF I		ITH DAY YEAR				
× 50 ×	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	7	211 LOCATION	CITY OR TO	OWN COUNTY	STATE
and ond	ž	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC }	SIMEEL	CIII ON II		
or use as of Heolth		22a.1 certify that (1) (this ha	spital) attended the deceased	d from	, 19	, ta		that (I) (we) last
for us of He 21 is		saw the deceased alive	on_	19	nd that in (my) (aur) apinia	n death accurred on the c	ate and have and from the	causes stated
hed feept. o		Th SIGNATURE	nat) view the bady after deat	1	DEGREE	7	22c. DATE	SIGNED
	-	alle	mounder	1	ATTENDING PHYSICIAN	MEDICAL STA	FF 2/6	1/83
Sta	1	224 PHYSICIAN'S NAME (TYP			228. ADDRESS	ci l.	1	
		C.P. CI	HILIMINDERS	Q M	6701 N	· Charler	T 21204	•
5 d ₹ ₹	23a.	BURIAL, CREMATION, REMOV	- 1 1 .	A1 . A 700	CEMETERY OR CREMATORY	CITY OR JOWN	COUNTY	STATE
	24.5	UNERAL DIRECTOR	2/1/83	SACRE		ATE REC'D BY REGISTRAL	156. REGISTRAR'S SIGNA	mp.
16 50M 4/B2	24.1	NAME	1111 200	ADDRESS			ban & Con	ulf
A 15, 4)	2	.G. CONNE	14 300	MACE	AUE AFB	1 1300		

STATE OF MARYLAND

The state of the s The state of the s

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

				Xet va.	
					gran.
		The second second			The state of the s
		The Son to			
E OWNER OF STREET				18	
	74.24	15 47 Hallos			
of the contract of the th	al a men	1-1-1-1	r		
CALL DELC	FERTING CONT.	12.191s va 12.1		AUTE I	
	25010 0	s kor enaa zw			

1.	,	FOR		DEPARTA		E OF MARYLAND, HEALTH AND MENTAL HYC	GIENE 8 3	0	3 9	5 7
		STATE REGISTRAR				FICATE OF DEATH	REG. N			
		CEASED NAME FIRST	nonn	MIDOLE		LAST		MONTH DA	-	26 HOUR
3.	SEX		4. RACE	C Kol	1 hep	the same of the sa	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNOER 24 HRS
		Male	Whit	te	MONT 1	21 1898	85	YRS.	ONTHS DAYS	HOURS MIN
3		THPLACE (STATE OF FOREIGN Md.	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOW	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			
14 10		Y OR TOWN OF DEATH BALTIMORE		HOSPITAL, NURSIN		OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPATION OF OF WORK FOR MOST OF Ret Carpen	F WORKING LIFE)		F BUSINESS O
5	SUA Ba. Si		OUNTY Balto	GIVE RESIDENCE BEFORE 13c CITY OR TOW Druncas	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	A Cast	le Dri	2/2/2 ve
14	FAT	THER'S NAME FIRST UNKNOWN	WIDDLE	(AST		15 MOTHER'S MAIDEN NA Annie		She	IASI	
) 160			S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAT SECU		17. INFORMANT	ADDRE			
=	_	Yes W	<u> </u>	217 03 0		Dorothy E. K	ohlhepp	Same	(10000	MATE INTERVAL
Z	NO.	gove rise to immediate couse tol. stating the underlying couse loss. PART 2 OTHER SIGNIFICA Renal Fail	DUE TO, C	OR AS A CONSEQUE URINARY ONTRIBUTING TO E	TCA	LIGHT PREUMO LT INFECTION NOT RELATED TO THE TERM DICUGRALICA DISE	NINAL DISEASE OR CONI			17
9 Per leication	KIIFICAI	90 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	IGS USED
9 INDICAN		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIF EITHER NOTIFY MEDICAL EXAL	FOEATH HOUR A		YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT OR PART 2)	
AFD	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		22a.1 certify that (1) (this because dolive obove, (1) (we) (did) (did)	e on 2 1	25 10		nd that in (my) (our) opinion	to 2 25 deoth occurred on the do	te ond hour	and from the c	
		226. SIGNATURE	try 1	A MO	inko	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		27c. DATE S	
1		-1	A. MANKO	MD		22e ADDRESS / UNION MEI	MORIAL HOSPI	TAL		
	(5	JRIAL, CREMATION, REMO PECIFY) Burial	23b DATE 3/1/1	003		Presb. Cemete	23d LOCATION CITY OF TOWN Raltim		COUNTY	STATE Md.
	(5	Burial NERAL DIRECTOR		983 Go	vans / 650	Presb. Cemete	CITY OR TOWN	ore		URE

TEN D you no negling that self-parent also in with the same of the same of the same of the same of

		OR PRINTI	Katharin HERINE	DIE	KORE	Korbien SEIN	REG. NO. 20. DATE OF DEATH M FEB	. 23 1983	26 HOUR 7:45 A
	3 SE	(4 RACE	Market Land	5. DATE O		6. AGE (IN YEARS LAST BIRTH		
	7	Female	White		Decen	ber°6, 1888	94	YRS MONTHS DAYS	HOURS MIN.
	Ba	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W		8. MARRIED WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMO:		M
4	10. C	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HO	OSPITAL, NURSIN	G HOME O	HOSPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF L Investor—R	working Life Industry	Retired
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		IVE RESIDENCE BEFORE 36. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES NO	13e. SIREET ADDRESS C	harles St.	- 2121
0	14 FA	THER'S NAME Julius An	ton K	orbien		15. MOTHER'S MAIDEN NAM Anna	WIDDIE	Seifer	t
		AS DECEASED EVER IN U.S. A		6b SOCIAL SECU		17. INFORMANT	ADDRES		21202
		No		219-32-8	892	Benjamin Swo	gell, Esq	Equitable	Blag
	7	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	(0)	AS A CONSEQUE		NOT RELATED TO THE TERM	inal disease or condi	TION GIVEN IN PART 1	10
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a. AUTOPSY? YES NO X	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH?
K	~	21a. ACCIDENT WAS UNDERLYING				114 HOW/INJURY OCCURS	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
< ラ		OR CONTRIBUTING CAUSE OF D	AIR		Y YEAR				
7	MEDICAL CER	OR CONTRIBUTING CAUSE OF D {IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE O	F INJURY T, FACTORY, OFFICE, F.	19 ARM, ETC)	21f LOCATION STREET	city or towi	n county	STATE
29		OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify tho (1) (this hos sow the deceased clive on above, (1) (we) (did) (did reference)	21s. PLACE O (AT HOME, STREE	FINJURY T, FACTORY, OFFICE, F.	19 ARM, ETC.) TAVVA 82, on	21f. LOCATION STREET RY /6 , 19 P3 d that in (my) (our) opinion of	CITY OR TOWN	COUNTY 23 , 19 8 3 e and hour and from the	, that (I) (we) loss e couses stated
29		OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHITE NOT WHITE ALMORE 22a. I certify that (I) (this has sow the deceased alive a above. (I) (we) (did) (did in 22b. SIGNATURE	21e. PLACE O (AT HOME, SIRE! offol) oftended the n Pebruary of) view the body o	FINJURY T, FACTORY, OFFICE, F.	19 ARM, ETC.) TAVVA 82, on	21f. LOCATION STREET RY /6 , 19 83 d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [CITY OR TOWN	county 23, 19 8 3 e and hour and from the	, that (I) (we) last
Z 9		OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMIN 27a. I certify that (I) (this has sow the deceased alive a above. (I) (we) (did) (did in 27b. SIGNATURE)	21e. PLACE O (AT HOME, SIRE! offol) oftended the n Pebruary of) view the body o	F INJURY T, FACTORY, OFFICE, F. deceosed from 23 19 tter death.	19 ARM, ETC.) TAVVA 82, on	21f. LOCATION STREET RY 16 19 23 d that in (my) (our) apinion of DEGREE ATTENDING	city or fowly to FEBRUARY death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	county 23 19 8 3 e and hour and from the	, that (I) (we) last e couses stated

STATE OF MARYLAND

GOVERNOR DOSIS - Was Press to garacte and thought of applied for the Color of the Color Being uniter the troit of the contract of the state of the MIDDLE

Baltimore City 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Baltimore, Md. 13g. STREET ADDRESS #21212 1030 Woodson Rd. MIDDLE Patterson Yale Ave DDRES alto... APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Weeks Years Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN to February 26, 19 83, that We (we) lost and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital 23d, LOCATION Mar. 2.1983 Westview Mem. Pk. Cem. Cremation Balto. 250 DATE REG'D. BY JETUBIRAR 256 REGISTRAR'S GIGN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 G. TRAMAN SCA (VRA 15, 4) RAKTRING.ZIZZ9

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2b. HOUR

IF UNDER I YEAR

ONTHS DAYS

20. DATE OF DEATH MONTH

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

C. C. III THE PROPERTY OF THE PARTY OF 21.01 TOTAL BLE THE

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

/	1 -	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	0 3 9 0 0
	{TYPE	CARL	Carl	KD S. DATE	Kress	2/22/83 2/	22/83 405
	3 SE	Male	4. RACE White	5. DATE	H DAY YEAR	82	POWER TYPES FOUR AND
7		IRTHPLACE (STATE OR FOREIGN COUNTRY) Germany	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE	D NEVER MARRIED	Baltimore C	INTY OF DEATH
1	Ja-C	ITY OR TOWN OF DEATH Baltimore		GIVE STREET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) TOOL & Die M	12b. KIND OF BUSINESS OR INDUSTRY
5	130.3		OTHER INSTITUTION, GIVE RESID	ence before admission) OR TOWN timore	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 7011 Linde	
0	14. FA	ATHER'S NAME FIRST George	MIDDLE K2	LAST Cess	15. MOTHER'S MAIDEN NAM	WIDDLE	Belchner
2	16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-03-2812	Margaret K	ADDRESS	den Ave. 21206
	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT.	DUE TO, OR AS A C	CFLL CARC	INOMA OF LUNG	inal disease or condition	I GIVEN IN PART I I O
200	A CERTIFICATION	190. DATE OF OPERATION 2/17/83 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	BRONCHOS 216. TIME OF INJURY HOUR A.M. MO	COPY (AS	ABOVE)	200 AUTOPSY? 206 II YES NO X RED (ENTER NATURE OF INJURY IN ITEA	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJUR (AT HOME STREET, FACTO		ZII. LOCATION STREET	CITY OR 10WN	COUNTY STATE
		27a.1 certify that (I (this hasp) as the decorate of the an state that the and the na		1983 o	DEGREE ATTENDING	MEDICAL STAFF `	haur and fram the couses stated 22. DATE SIGNED 2 22 83
		270 PHYSICIAN'S NAME (TYPEO PETER A. HO	OLT M.D.		100 N BROADW	DIRECTOR DHYSICIAN NAME OF THE PROPERTY OF THE	
	1	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Mar 5 1983		ns of Faith	23d LOCATION CITY OF TOWN Baltimore	Maryland Maryland
		uneral director beonard J. Ruck	, Inc. Balt	ADDRESS imore, Ma		REC'D. BY REGISTRAN 251 PE	GISTRAR'S SIGNATURE

				101
12/2/3	E OWEX	(dur)		
	DOCT . 13.00	. 164 See See See See See See See See See Se		Variation of
Taleboro Otty	X	.8.2.5	Vocation	a service
Total List Foot		Chiron Hospital	andair.ps	
AUSIS Ava. morani 170V		Deltions of the Deltion	Haryland	
on inched	02760	AppexX		
Tress 7011 Tinden Ave. 27208	ourges!	3185-50-115	o'll-	
sontype equatrine	1, 1,	Tangan Saci and Angeles and An		

STATE OF MARYLAND

	と ADD 10 7700 2876		
	287.20	VALUE VALUE	
or or the dealers of the			
		THE EUROSE	
		Mark 1	al modifica
sexual 11. Tour	tipe Indiana	erina emililă dele	Variation and
(SEES) .on Indi		an sala	
	alloan		canas
10 Ld (30)	nie) wels onisodin	21.00-118	
فاستوسر الم	and many		
عا سلمنا الله			

netural netural TEST PE WHAT IS SV.J. egu-beneral IMIS JAMES CALLS SEE HIT CLI 30000000 Wesley Johnson JTHE S. LOUIS Jo Station St., December 1, Option 9, 500 Station St., Marching the property and a second of the second of t The state of the s shorts Islants businesses and Thompson 03/03/03 Mariors em em mes verden, R.D., Partora Ma. 35 353 Three Tungers to regions, to regern, de 210 1-3399

1	1	REGISTRAR				CERTIF	ICATE OF DE	AIH	F	REG. NO.			
		CEASED NAME	RAPHAE	EI.	HARR	rc '	AST		20. DATE OF DE		NTH D	AY YEAR	26 HOUR
	[TYPE	Pr	coha	2	H.	KR	ongar	1		1	7	83	720 AN
	3. SE	X .	4.	RACE		S. DATE C		YEAR	6. AGE INYEARS	LAST BIRTHD		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
and and and and and and and and and and	n	MALE		Whi	te	13	- 8	do	70	0	YRS.		NOONS ININ.
2 0/		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTI	RY? 8. MARRIEI	NEVER MA	ARRIED -	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
50		MÄRYLAND		US	A	WIDOWE	D DIVO	DRCED	BA	CTO.	CI	74	MD
BI TO	10. C	TY OR TOWN OF DEA	TH 11	(IF NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE ST	REET ADDRESS)	R OTHER INSTIT	UTION	120 USUAL OCC			WALLE	FAUSINESS OR
and of	B	Altimore		S	INAL	HOSPIT	TAL		CLOTHIN	G MEG		ING.	co.
125	130.		136 COUNTY		131. CITY OR TO		13d. INSIDE CITY	Y LIMITS?	13e. STREET ADD	RESS			#21215
60		nary land			BAH	mores	4	10 🗌	3501	01	ymp	sia F	Juenus
2600	14. FA	THER'S NAME MORRIS	MIC	DDLE	LAST	NICARR	15 MOTHER'S A	RS1		HDDIE		LAS	
JOU L				M.	TI6b. SOCIAL S	NGARD		ARAH		ADDRESS		FORSH	LAGER
medico	100 (NO OR UNKNOWN)	(IF YES, GIVE W		212-0		17 INFORMAN		S. RITA				
0 /					-		3501	OLYMPI.	A AVE.	BA	LTO.	MD	21215
ovol.		18 CAUSE OF DEATI PART 1. DEATH W	AS CAUSED I	one cause pe BY:	r line for (a). (b).		TI.					BETWEEN	ONSET AND DEATH
C eve		11010	IMMEDIATE	CAUSE (a)	POIN	callon	1 000	eurce				-	043.
motic		4019	11,111	DUE TO, C	OR AS A CONSE	OUENCE OF	miles	0.					
rou trou		Conditions, if only, gove rise to imm	nediote	(b)_	40	24+ 4	104						
other		couse (a), statin underlying couse		DUE TO, C	HYP.		zin						
burial,		PART 2. OTHER SIGN	VIEICANT CO	NDITIONS C			NOT RELATED TO	O THE TERMI	NAIDISEASEO	R CONDIT	ION GIVE	N IN PART 1	a.
0 5	Z		C	hvor		a enc	& Les	iline	15/1	7.7	11		
oux	CERTIFICATION	19a DATE OF OPERAT	HON			ICH OPERATIO	N WAS PERFOR	MED	200 AUTOPS	Y? 2	06. IF YES	WERE FINDING	NGS USED
ws w	TIE	Site.							YES N	0		S [NO [
T ®	Ü	21a. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c HOW INJU	JRY OCCURRI	ED (ENTER NATURE	OF INJURY I	VITEM IB PA	ART I OR PART 2)	
Head	3	OR CONTRIBUTING () C			.M.	19							
₹ 5	MEDICAL	21d. INJURY OCCURE			OF INJURY	ICE FARM, ETC)	211 LOCATION	1	C	ITY OR TOWN		COUNTY	STATE
norked	1	AT WORK AT WOR	RK	1									AT GEO
Heali is mg		220.1 certify that		ottended t	de deceased fro	m 12.	- 18	19 82		1-7		1983	that (1) (we) loss
n 21		sow the decease abave, (IV/we) (a	d alive on	view the body	y after death.		nd that in (my) (o	our) opinian d	eath occurred a	n the date	and hour	-	_
Dep If Her	1	226. SIGNATURE	14	7			DEGREE	TENDING	MEDICAL _	STAFF		221. DATE	SCINED
Z Z		and Supplemental Annual Control	211	-	1	N.9.	PH 22e. ADDRESS	YSICIAN [DIRECTOR		N X	117	105
with the State [MPORTANT: If		22d PHYSICIAN'S	1/1	10				13 11-	oDi-A	,		- / /	
with the State		MAR			FFE				SPITA		BAC	10.	MD.
1	230.	BURIAL, CREMATION, (SPECIFY) BURIA	REMOVAL	736 DATE			EMETERY OR CR ACHIM AN		23d. LOCATIO	OWN	r	COUNTY	STATE
	24 5	JNERAL DIRECTOR					ACTIM AN		REC'D. BY REG	SEDAI		BALTO	MD
M 4/82		SO10 REISTE			BALTO.	6.5	21215	1 A B	1 1 9 400	22	So-Ca	2	shell
4)	1	OTO KETOIL	TYOTOM	A KD.	DALIU.	, IVID	41415	AL	1 1 6 19	00 1	1	-0	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1845 NO 590 708

Section of the second section is selected. Language House Secretary 4.57 MD Mill and the second of the sec

Walter Brooks Bradley, Inc. Dundalk, MD

- STATE

TYPE OR PRINT

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

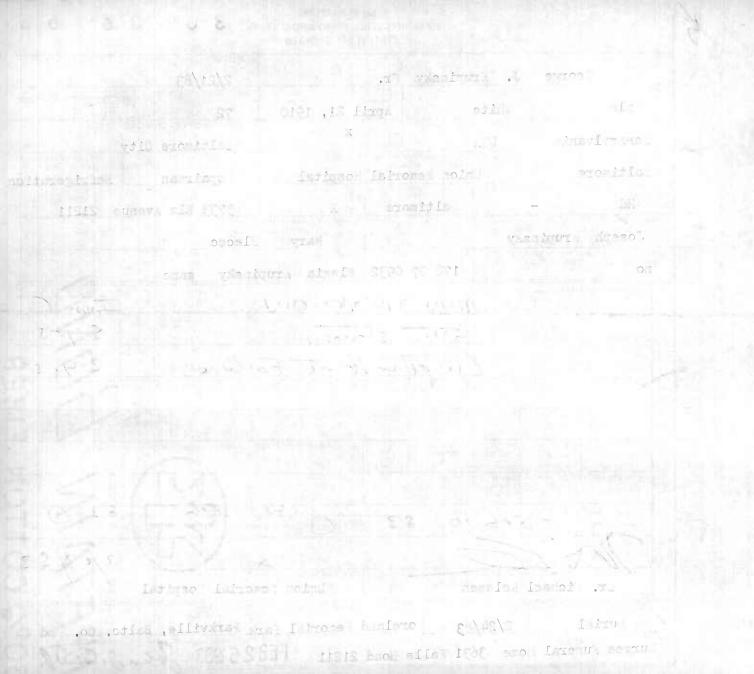
CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2n DATE OF DEATH 7h HOUR 07- 83 12:10a AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY U.S. Post Office U.S. Government 6606 Woods Pkwy. (21222) WIDDLE Comfort Marv APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES [CITY OR TOWN COUNTY STATE -. to rebruary07 22c DATE SIGNED DIRECTOR PHYSICIANX COUNTY Arlington

The most action in the case and accept the can accept (2002) . The story story (2002) MARCH E. D. Cont., L.B. H.

STATE OF MARYLAND



injury, or other troumatic

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

IMPORTANT: If Item 21 is marked or Item 18 shaws

this certificate has been

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME	FIRST	A	AIDDLE	L	AST	2a. DATE OF DEATH	1 HTMON	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	Eleanor	Ma	rgaret	Ku	mlehn	2-2-83			М
3. SE)	(4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
I	emade		White		8-17	8-1900 YEAR	82	YRS.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	RTHPLACE (STAT		76. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
1	Balto., I	Md.	U.S.	A.	WIDOWE	Y .	Balto. Cit	y		MD.
	ty or town of Balto.	DEATH		HOSPITAL, NURSIN H FACILITY GIVE STREET N VILLAGE		ing Home	120. USUAL OCCUPATION AND THE PROPERTY HOUSEV	ON WORKING LIF VITE	12b, KIND O INDUSTRY	OF BUSINESS OR
130. S	AL RESIDENCE (IF	NURSING HOME OF		GIVE RESIDENCE BEFORE 13. CITY OR TOW Balto.	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [5919 Green	nill	Ave. 2	1206
	HER'S NAME		MIDDLE Kran	mer LAST		15. MOTHER'S MAIDEN NA Louise	WE	Schr	midt LAS	Τέ
160 V	VAS DECEASED E	VER IN U.S. AR	MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU 214-74-		Charles W. K	umlehn,403 I		ood Dr.	21146
٧	Conditions, if gove rise to couse (o), s underlying c	immediate	(b)_	R AS A CONSEOUE						
7	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIV	EN IN PART 1	D
CERTIFICATION	19a. DATE OF OP	ERATION	19b. COND		OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO		S, WERE FIND IN FYING CAUSES	
	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		AIM	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2)	
MEDICAL	WHILE NO	CURRED OT WHILE	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
	sow the de- obove (1) Yv	ceased alive or we) (did) did no				nd that in (my our) opinion		te and hou	or and from the	
	22b. SIGNATURE	ul	18	0			MEDICAL STAF	F IAN []	22c. DATE	rel-83
19	Howa		Sond, M.	D.		9618 Belai	r Road			

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After

TO HOSPITAL

Parkwood

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITYORTOWN
Baltimore, Maryland

STATE

M. FUNERAL DIRECTOR
Leomard J. Ruck, Inc.,5305 Harford Rd.

23b. DATE

2-5-83

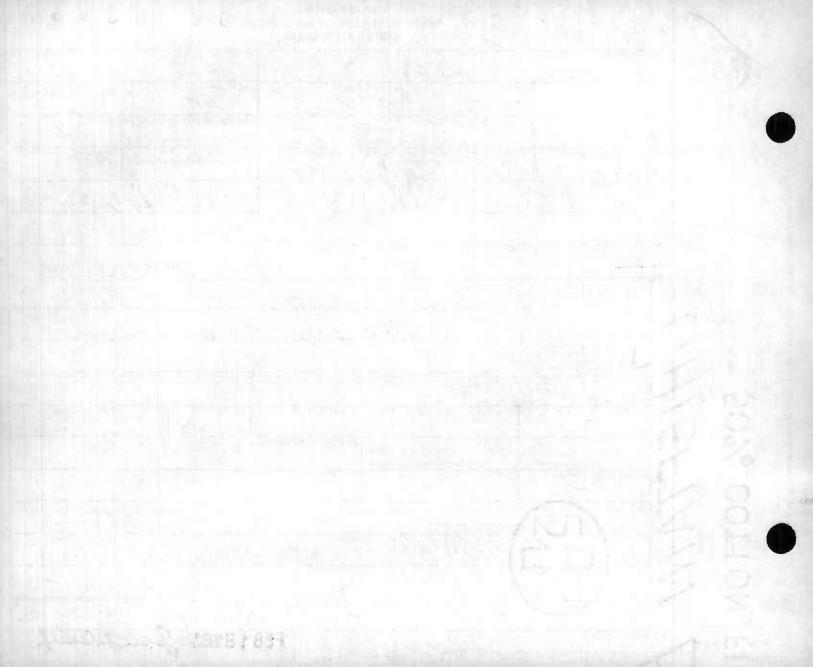
230. BURIAL, CREMATION, REMOVAL

Burial

FEB 41983 FREGISTRAR SIGNATURE

	(U=3=3	minimin	4014640	поливали
		DOG Love T Love T	3.140	
	Deltai.	*	4 4 4	.40 ,
Paris Paris	Met. How	Justine Ham	ega_L' ::ine	dutiet
80019 .N.A. Italian	591 v Gra		· min	
January Spannos		00220	Tenlari	Good to
	Lega sta			

10	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3 0	3 9 6 /			
1(11)	iTvo	CEASED NAME HEST COMMINITY DELOCAL		LAST LAST	20. DATE OF DEATH MONTH	DAY YEAR 26, HOURD M			
age 4 mg	1. SE	emale	Hack Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
The state of the s	1	Md.	76. CITIZEN OF WHAT COUNTS	WIDOWED DIVORCED	Baltimore City OR COUNT	ty, MD.			
by the filled with	P	Belto	(IF NOT AN SUCH FACILITY, GIVE STI	is of Ma Heap.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING &	12b. KIND OF BUSINESS OR INDUSTRY			
ed within 24 hours. mpletely filled in by and 2 should be file	130.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE ITY 13c. CITY) OR TO	YES NO	13. STREET ADDRESS PORT	Il av. 2121			
makyt, ma	6	COTTON OF	BOOLE LAST	15. MOTHER'S MAIDEN NA. APPRILLER	2 Taylor	LAST			
BALTIMORE, cate be executed by skician and compers. Pages 1 vol. val. the medical		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ch 3311 Dolfie				
ST., og ph opnpor remo		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D 8Y:	My anest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
w. PRESION hat the death c by the attendir ase remove cark i, cremotion, ar other troumatic		Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUENCE (C)	forte breast	Cander (bran	James _			
RDS, 201 equires th a signed to Then plea r to burial,	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
he law re ban. has been t permit. I lene prior ows any ii	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
PHYSICIAN: The ending physicia this certificate the buriol-transit ad Mental Hygie d or item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the buriol-transit permit. Then th and Mental Hygene prior to b orked or frem 18 shows any injur	MEDICAL	21d. INJURY OCCURRED WHITE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFI	CE, FARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
VITENDIN spital or CTOR: Af for use of Healt		220.1 certify that (1) (this hasping saw the deceased alive an abave, (1) (we) (did) (did na	19		, ta death occurred an the date and ho	19, that (I) (we) last ur and from the causes stated			
by the hop the LOR A detached detached state Dept.	Ų	226. SIGNATURE	6 ROOLY M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 3			
O HOSPITA etained by TO FUNERA the dealth the 5to		Claudia At	lost MD	University of	MD Hospital 23	sorenest.			
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 2/21/83	Md. Veteran Cem.					
DHMH - 16 50M 4/82 (VRA 15, 4)		.C.march F/H	Inc. 1101 E	North Ave.	Bre 1 8 1983 TRAR AN RECIS	RAR SSIC TURE			



	1	FOR - STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 3	0	3 9	68
0 74		CEASED NAME HE	LEN	M	NDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
140			XXXXX	AG	NES	LAM	abotin .	2/11/8	3		953 A
	3. SE	X	4	I. RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (INYEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HE
		temale	2	White	ح	1	2 22 18	XXXXX 6	4 YRS	DATS	HOURS MI
57-	7a. B	RTHPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF V	VHAT COUNTRY	8. MARRIE	ED X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1		LUMBUS, OHI		U.S		WIDOW	ED DIVORCED	BALTIMORE	CITY		
3/		ITY OR TOWN OF DEAT	H 1	(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE ORE CITY	T ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATION OF OF WORK FOR MOST OF		INDUSTRY	OF BUSINESS (
	LISU.	BALTTMORE	G HOME OR O	THER INSTITUTION C	SIVE RESIDENCE BEFO	RE ADMISSIONI			HOMEMA	YEL	
3		ARYLAND	3b COUNT	IMORE	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ODTE	DD (11111
e d	_	THER'S NAME	DALL	IMORE	DUNDALI		YES NO X	19 VISTA M	OBILE	DR. Z	21222
2/		FIRST		IDDLE	LAST	T. T.	FIRST	MIDDLE			ST
0	16a V	ROBERT VAS DECEASED EVER IN	HOW U.S. ARM		CALDWI		LOTTIE 17. INFORMANT	MAY	SS	UNKI	IOMN
2		(ES, NO OR UNKNOWN)		WAR OR DATES)						12.	
then	_	NO			219.03.0		FRANK C. LAM	BDIN SA	ME AS		Class ATE INITEDVAL
ent,		18 CAUSE OF DEATH PART I, DEATH WA	S CAUSED	BY:			FARCTION				ONSET AND DEAT
o o		115,110	MMEDIATE	CAUSE (o)	COLCISIO	10 -11	I WE HOW			2111	ours.
not		7544		DUE TO, OR	AS A CONSEOL	IENCE OF					
ag.		Conditions, if ony,		(b)	300						
b l		couse (o), stoting	the	DUE TO, OR	AS A CONSEOU	JENCE OF					
5 20				(c)							W
July	NO	PART 2 OTHER SIGNI	FICANT CO	ANEM		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	N IN PART 1	0
2	ATIC	19a DATE OF OPERATION	NC			OPERATIO	IN WAS PERFORMED	20g AUTOPSY?	Tanh IF YES	WERE FINDI	NGS LISED
° 2	CERTIFICATION			1					IN CERTIFY	ING CAUSES	OF DEATH?
	ERT	21a ACCIDENT WAS UNDER	RLYING 🗖	21b. TIME OF	INTURY		21c HOW INJURY OCCURR	YES NOW	YES		ио 🗌
9		OR CONTRIBUTING CA				AY YEAR	PICTOW HOSOKI OCCORR	ED (ENTER NATURE OF INJUR	Y IN HEM IS PA	RT I OR PART 2)	
or Hem	ICA	(IF EITHER NOTIFY MEDICA		P.M		19					
0	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e PLACE O	F INJURY ET, FACTORY OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mark		7		l) attached the	d 1.6	FERN	PLIGRAY U ET	(Fac.)	any u	-97	73
	22a. I certify the (1) Ahis hospital) ottended the deceased from FCBEURRY U, 1963, to CERCARY U, 1983, the (10 (we) his saw the deceased alive on 1983, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.										couses stated
Hen		226. SIGNATURE			thur	4.0	DEGREE			22c. DATE	SIGNED
		CPUS.	inChe	will mi	(XMMW)	MB	BS ATTENDING PHYSICIAN	MEDICAL STAF		21	11187
		22d. PHYSICIAN'S NAM	AE (TYPE OR I	PRINT)			22e ADDRESS	, chicaron E rimone			-
N N N N N N N N N N N N N N N N N N N		JUMIN O	HARL	es mon	runr		BALIMORE	CITY HOSPI	TAL		
	230 E	URIAL, CREMATION, RI	MOVAL	23b. DATE	23c	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		40000	
		BURIAL	1874	2/15/1	983	DAK T.A	WN CEMETERY	BALTO.,		COUNTY	MD.
81	24 FL	INERAL DIRECTOR					250 DATE	REC'D. BY REGISTRAR	25 FEGISTR	AR'S SIGNA	
	WA	NAME LTER BROOKS	BRAD	LEV THO	ADDRESS DIINDA	K. MI	1	B 1 6 1983	John	- de la	racely

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

SEATON OF PERSONS MANUFACTURE FALL MANUFACTURE

		CEASED NAME FIRST	ETH S	LANDON	REG. NO. 2a DATE OF DEATH MONTH 2	DAY YEAR 25 HOU				
705	3. SE		14 RACE	5. DATE OF BIRTH	6, AGE (IN YEARS (AST BIRTHDAY)	IF UNDER I YEAR IF UNDER				
1	J. J.	Female	White	MONTH DAY YEAR Aug. 31 1913	69 YRS	MONTHS DAYS HOURS				
1/2		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT		A DALTIMORE CITY OR COUNTY					
44		BALTIMORE	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION REAL HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Secretary	IZE KIND OF BUSINE				
BS	130.	Md.	OR OTHER INSTITUTION, GIVE RESIDENCE B UNTY 13(CITY OR 1 Balto	TOWN 13d INSIDE CITY LIMITS	130. STREET ADDRESS 1614 Park Au	e. 21217				
300	6	ATHER'S NAME FIRST	MIDDLE LAST Sapping	ton Olga	NAME	Karl				
/ medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	B-2588a John V. L	andon Sar	me				
or other troumatie		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF						
ony injury,	ATION	PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TE		VEN IN PART 110. S, WERE FINDINGS USE				
8 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	3/	FYING CAUSES OF DEA				
or Hem	MEDICAL O	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE		DAY YEAR 19 211. LOCATION	CITY OR TOWN	COUNTY				
m 21 is marked		270.1 certify that HT (this haspital) attended the deceased from 2/5 19/83 to 2/13 19/83, that HT (sow the deceased alive on 2/13 19/83, and that in the four opinion death occurred on the date and hour and from the causes standard HT (did) (did seem view the body after death.								
Fe a		22b. SIGNATURE	H. Keln	DEGREE ATTENDING PHYSICIAN		2/13/3				
# AN		22d PHYSICIAN'S NAME TTYPE		22e ADDRESS						

FUNERAL DIRECTOR ADDRESS 4905 York Rd 125 Henry W. Jenkins & Sons Co., Balto., Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

n L I Videne

and a superior of the same

.c.l ın ı. .

Henry W. Jarine & Long Co., 8 120., Nr. . FEB 15 1883 James Child

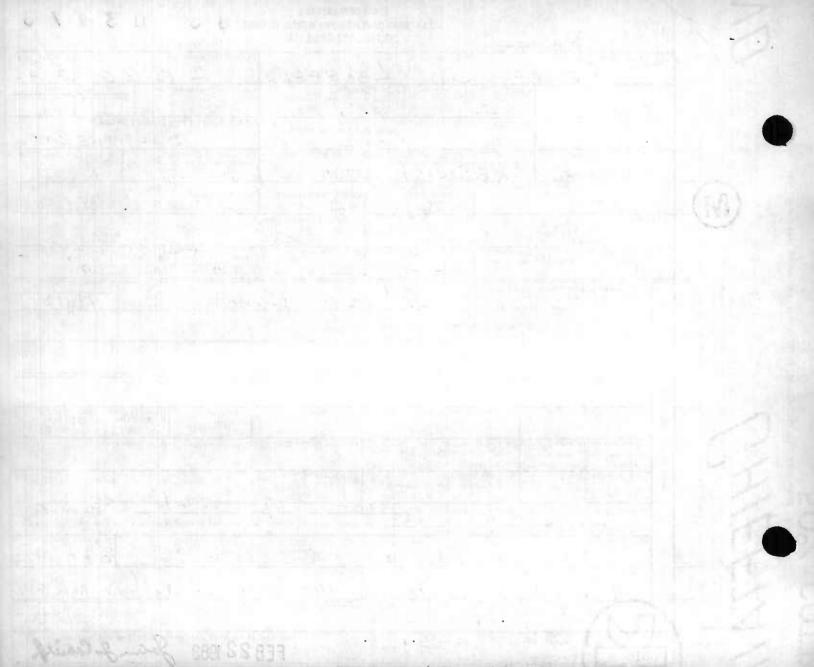
REGISTRAR I DECEASED NAME I DECEASED N	REGISTAR REG	1	1,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 3	0397
1. SEX	1. SEK 1. SEK	-				CERTIFICATE OF DEATH	REG. NO	0.
1. SEX 1. SEX	1. SER 1. RACE 1. S. DATE OF BIRTH 1. RACE 1. DATE OF BIRTH				WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUF
S. SER P. S. A. RACE S. D. ATE OF BIRTH P. D. C. OF BIRTH	1. SER ARCE S. DATE OF BIRTH DAY MARK ARCE S. DATE OF BIRTH DAY MARK DAY M	eath	100		1	LANE	3	4 17 83 10:
18 CHIVEN COUNTY 18 CHIZEN OF WHAT COUNTRY 18 MARRIED NEVER MARRIED 19 BATTIMORE CITY OR COUNTY OF DEATH COUNTY 18 CHIVEN COUNTY 18 CHIVEN COUNTY 18 CHIVEN COUNTY 18 CHIVEN COUNTY 18 CHIVEN COUNTY 19	12 13 15 16 17 18 18 18 18 18 18 18	ž	1.58				6. AGE (IN YEARS LAST BIRT	THOAY) IF UNDER 1 YEAR IF UNDER 2
The BIRTHPLACE (STATE OF FOREIGN TO COUNTRY) TO BERTHPLACE (STATE OF FOREIGN TO THE COUNTRY) TO BERTHPLACE (STATE OF FOREIGN TO THE COUNTRY) THE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IN NOT IN SUCCE) (IN SOCIAL SECURITY NO. 11 THE OTHER OF STATE OF THE OTHER OTHE	18. BIRTHPLACE STATE OF PORTION 19. CITIZEN OF WHAT COUNTRY 18. WARRED 19. NOTICED 19. N	£		M	B		77	
18. CHT OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL CELEPATION 120. USUAL CELEPATION 120. USUAL RESIDENCE (I PRURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE (FROME ADMISSION) 130. USUAL RESIDENCE (I PRURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE (FROME ADMISSION) 131. INSIDE CITY LIMITS? 130. STREET ADDRESS	IB CHT OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. USUAL OCCUPATION 126. USUAL OCCUPATION 126. USUAL OCCUPATION 126. STREET ADDRESS 127. OTHER INSTITUTION 126. STREET ADDRESS 126. STREET ADDRE	2 800			L CITIZEN OF WHAT COUNTRY	? B.		
18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL DCCUPATION 12. USUAL OCCUPATION 13. INSTEED AND OCCUPATION 13. INSTEED AND OCCUPATION 13. INSTEED AND OCCUPATION 13. INSTEED ACCUPATION 13. INSTEED AND OCCUPATION 13. INSTEED ACCUPATION 13. INSTEED AND OCCUPATION 13. INSTEED ACCUPATION 13. INSTEED AND OCCUPATION IS CHI OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP NOT INSURPLICATIVE, ONE RESIDENCE (IP NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURPLICATIVE, ONE RESIDENCE (IP NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURPLICATIVE OR ADMISSION) (IP NOT INSURPLICATIVE OR ADMISSION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSTITUTION) (IP NOT INSURED CHI P NUSSING HOME OR OTHER INSURED CHI P NUSSING	5 5%	ICa		U.S.A		Baltimo	re	
USUAL RESIDENCE IN NUMBERS OF THE INSTITUTION, OF RESIDENCE REFORE ADMISSION) ITS CITY OR TOWN ITS C	USUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION, DIVERSIONNE SECOND ADMISSION IN STREET ADDRESS I	2	10.0	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 12b. KIND OF BUSINES
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE PROPERTY LIMITS? 13c GITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET ADDRESS 15f. MO 17 INFORMANT 15 MOTHER'S MAIDEN NAME 16s. MODILE 1.65T 15. MOTHER'S MAIDEN NAME 1.65T 15. MOTHER'S MAIDEN NAME 1.65T 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16s. MODILE 1.65T 17 INFORMANT ADDRESS 18s. MODILE 1.65T 17 INFORMANT ADDRESS 18s. MODILE 1.65T 18s. MODILE 1.65T 19s. MODILE	USUAL RESIDENCE IF MURSING HOME OR DITTER INSTITUTION, GIVE RESIDENCE FEOR ADMISSION 13. INSIDE CITY LIMITS? 13. STREET ADDRESS 14. STREET ADDRESS 15. MO 15. MOTHER'S NAME 1	1357		Balto.	Pro INSUCAPACION, GIVESTREE	Hospital	CONST. W	OFKEY
15. MOTHER'S MAIDEN NAME Secretary Middle Last Bell First Middle Last	15. MOTHER'S MAINE 160. MAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S.	12	Uśt		OTHER INSTITUTION, GIVE RESIDENCE LEFO	RE ADMISSION)		
15. MOTHER'S MAIDEN NAME Secretary Middle Last Bell First Middle Last	15. MOTHER'S MAINE 160. MAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAVAN LAME - /O.I.H. N. G. I.M. G. S.	BS	-	Md.				Imore St. 42
18. CAUSE OF DEATH lenter only one couse per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 216. HOW INJURY OCCURRED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211. LOCATION 212. CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS		14.7		1		AME	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAVAN Lane - JOIH N. GIMMED APPROXIMATE INTERVAL BETWEEN OISSE IAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse job, stating, the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to NONE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF OPERATION 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19b. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR 19b. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21b. LOCATION CITY OR TOWN COUNTY STATE	THE DATE OF OPERATION Service of the condition of the	型化	F	-lexander "	LAST	e) Bo, First	MIDDLE	LAST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (cl.) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) ACLITE MY OCARDIO VAS UNA DISEASE COME rise to immediate cause job, sharing the underlying cause jost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NOD IN CERTIFYING CAUSES OF DEATH? YE	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cut e my ecardial infance. A couse of my ecardial infance. A couse of my ecardial infance. A cut e my ecardial	8 /				URITY NO. 17 INFORMANT	ADDRE	SS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which power rise to immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. NONE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO YES NO YES NO HOLD FYS WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO HOLD FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (cl.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LID HOLD TO, OR AS A CONSEQUENCE OF LID HOLD TO, OR AS A CONSEQUENCE OF LID HOLD TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id NONE 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. BYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO HOUR AMM. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 217. LOCATION STREET 228.1 certify that (1) (this hospital) attended, the deceased from 17. 19. 8.3., to 27. 19. 8.3., to 27. 19. 8.3., to 27. 19. 8.3., that (1) (we) location in the part 1 in the control of the part in the part 1 in the part 1 or part 2).	1		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Shrah Lane	2-1014 N. G	ilmore St.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which provided the provided course in the immediate course in the immed	DUE TO, OR AS A CONSEQUENCE OF Conditions, if pay, which give rise to immediate course in a stating the underlying course lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1/10 PART 2. OTHER SIGNIFICANT CONDITIONS CO	- ě		LIL CALISE OF DEATH (Enter only	one cours per line for (a) (b) a		70117	
OR CONTINUENT MEDICAL EXAMINENT P.M. 19 114 NJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from	rior to burial, o	ATION	PART 2. OTHER SIGNIFICANT CO	NONE			
OR CONTINUENT MEDICAL EXAMINENT P.M. 19 114 NJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	COUNTY STATE 220.1 certify that (1) (this hospital) attended/the deceased from	12	TIFIC	THE PARTY OF THE P				IN CERTIFYING CAUSES OF DEATH
19 P.M. 19 11 NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY ORTOWN COUNTY STATE	P.M. 19 11 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE 22a.1 certify that (I) (this hospital) attended/the deceased from 2/17, 19,83, ta 2/17, 19,83, that (I) (we) la			TO THE CASE OF SECURITY OF THE PARTY OF THE		216 HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
	220.1 certify that (I) (this hospital) attended/the deceased from 2/17, 19 83, to 2/17, 19 83, that (I) (we) la	I/	13			-		
	22a.1 certify that (1) (this hospital) attended/the deceased from 2/17 19 83, to 2/17 19 83, that (1) (we) la	6	9	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TO	WN COUNTY ST
	, 17, 1101 (II (We) 10	ž.	1*			, , , , , , , , , , , , , , , , , , , ,		
saw the deceased alive an 19 3, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (i) (i) (did (oi) view the body after death.		1		724 SIGNATURE	11/10	DEGREE		THE DATE SIGNED
		#		Merkend	& Carolelle	ATTENDING PHYSICIAN		
The Signature Degree Degree The Date Signed	DEGREE ATTENDING MEDICAL STAFF BLYCIA DE DEGREE ATTENDING MEDICAL STAFF ATTENDING MEDICAL ST	3 "	1	224 PHYSICIAN'S NAME ITHE OF	PRINTI A	22e ADDRESS		
The Signature Degree Degree The Date Signed	THE SIGNATURE DEGREE ATTENDING MEDICAL STAFF	ğ		Stenley 1	D. Campbel	/ mis		
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2/7/8-3	3	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOGATION	
DEGREE THE SIGNATURE THE SIGNATURE THE DATE SIGNED TH	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2/7/8-3 220 ADDRESS			Burial	2/21/83	t. Thomas Cer	75 00 /	01 7
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 276 ADDRESS 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 278 ADDRESS 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY) 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 STATE 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY) 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 STATE 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY) 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY 1 STATE 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY 1 STATE 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY 1 STATE 278 BURIAL, CREMATION, REMOVAL 236. DATE 1 SPECEFY 1	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	1 4/82	24. F		1 1 10 1	25 <u>a_D</u> A	TE REC'D BY REGISTRAR	REGISTRAR'S GOVERNO
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 270. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1SPECEY) 230. DATE 230. DAT	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STATE 230. BURIAL, CREMATION, REMOVAL 23b. DATE 230. DATE PHYSICIAN DIRECTOR PHYSICIAN DIRECT	4)	区	and a list	1 4600 X ADDRESS	ty stats are It	B 44 1983	Joan & while

168 28 983 January Canard

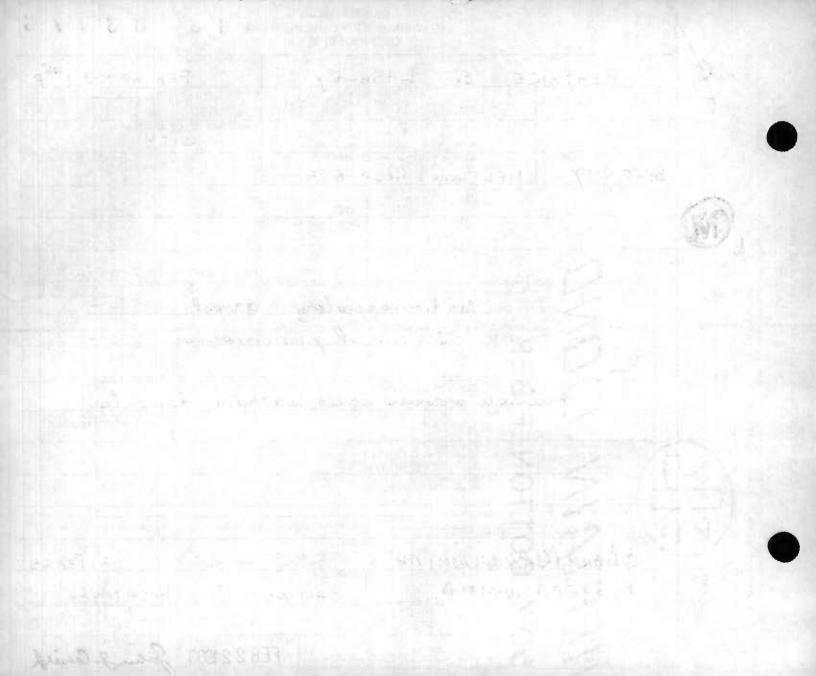
STATE OF MARYLAND

7.02 10 The same 95 2000000000 × 2/22. Theoles Ellined Lane wardler Pacific adventure of the control of the cont unial 2-2-3; (m tom jene con l'aduoca la la, jo, d Sycales 5. Railer 8 son los. 6224 instanting. FIR 22 1084.

MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	ME OR OTHER INSTITUTION, GINDOUNTY MIDDLE S. ARMED FORCES? S. GIVE WAR OR DATES) BY ONLY ONE COUSE PER lin. USA MEDDLE S. C.	SPITAL, NURS ACJUITY, GIVE STREE WE RESIDENCE BEFOR RECITY OR TO BALTIMO LAST HMOLL 213-46- Refor 10), (b)/	S. DATE C. MONTH MAR. 7 8. MARRIEL WIDOWE WIDOWE APPRESSION) WN DORE APPRESSION) WN DREADMISSION)	OR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? YES YES YES YES YES YES YES YES YES YES	REG. NO. 20. DATE OF DEATH MONTH 2 - 18 6. AGE (IN YEARS LAST BIRTHDAY) 90 9. BALTIMORE CITY OR CO 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 130. STREET ADDRESS 3505 PINKNEY	PUNDE MONTHS YRS. UNITY OF DE LU RD. LU C/o F ZA #21	ATH CORE OF BUDUSTRY AT HO #21215 RIA RANK,
FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) FRANCE CITY OR TOWN OF DEATH BAT TIMBE UAL RESIDENCE (IF NURSING HON STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	A. RACE WHITE 7b. CITIZEN OF WHITE 11. NAME OF HO (IF NOT IN SUCH F) ME OR OTHER INSTITUTION, GIN OUNTY MIDDLE SCI. ARMED FORCES? S. GIVE WAR OR DATES) BY ONLY ONLY ONLY DIATE CAUSE (a) DUE TO, OR A	SPITAL, NURS ASJUTY, GIVE STREE WE RESIDENCE BEFOR R. CITY OR THE HMOLL LAST HMOLL 213-46- RE FOR 10 1, (b) (c)	5. DATE C MONTH MAR. 7? 8. MARRIEL WIDOWE OF TAPPRESS NU DRE ADMISSION) WN DORE ADMISSION) WN DRE CURITY NO. -1936	PANGFELD DE BIRTH 1. 6, 1892 DE NEVER MARRIED DE DE DE TAX DIVORCED DE OTHER INSTITUTION URSING HOME 13d. INSIDE CITY LIMITS? YES XX NO DE TESTHER 17. INFORMANT STEIN et al	20. DATE OF DEATH MONTI 2 - 18 6. AGE (IN YEARS LAST BIRTHDAY) 90 9. BALTIMORE CITY OR CO 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 130. STREET ADDRESS 3505 PINKNEY ME MIDDLE ROBERT GOLDMAN 2 HOPKINS PLA	PUNDE MONTHS YRS. UNITY OF DE LU RD. LU C/o F ZA #21	ATH CRE CUSTRY AT HO #21215 RIA RANK, 202
FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) FRANCE CITY OR TOWN OF DEATH DATE TO TOWN OF DEATH DATE TO TOWN OF DEATH STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAME) TO THE PART I. DEATH WAS CAME TO THE PART I. DEAT	WHITE 7b. CITIZEN OF WHITE 11. NAME OF HO (IF NOT IN SUCH F.) ME OR OTHER INSTITUTION, GIN OUNTY MIDDLE S. ARMED FORCES? S. GIVE WAR OR DATES) BY: DIATE CAUSE (a) DUE TO, OR A	SPITAL, NURS ACJUTY, GIVE STREE WE RESIDENCE BEFOR RECEITY OR TO BALTIMO LAST HMOLL 213-46- RE FOT (a), (b), (b), (c)	S. DATE COMMAR MAR MAR MARRIEL WIDOWE DING HOME CO ET APORESS) NU DRE ADMISSION) WN DRE CURITY NO. 1936	DF BIRTH 6, 1892 DR OF MEYER MARRIED DED TO THER INSTITUTION URSING HOME 13d. INSIDE CITY LIMITS? YES TO DE THE STHER 17. INFORMANT STEIN et al	90 9. BALTIMORE CITY OR CO 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 136. STREET ADDRESS 3505 PINKNEY ME MIDDLE ROBERT GOLDMAN 2 HOPKINS PLA	RD. LU C/o F ZA #21	ATH CORE KIND OF BUDUSTRY AT HO #21215 RIA RANK, 202
FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) FRANCE CITY OR TOWN OF DEATH DAL TEMARE UAL RESIDENCE (IF NURSING HOM. STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES NOOR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	WHITE 7b. CITIZEN OF WHITE 11. NAME OF HO (IF NOT IN SUCH F.) ME OR OTHER INSTITUTION, GIN OUNTY MIDDLE S. ARMED FORCES? S. GIVE WAR OR DATES) BY: DIATE CAUSE (a) DUE TO, OR A	SPITAL, NURS ACJUTY, GIVE STREE WE RESIDENCE BEFOR RECEITY OR TO BALTIMO LAST HMOLL 213-46- RE FOT (a), (b), (b), (c)	S. DATE COMMAR MAR MAR MARRIEL WIDOWE DING HOME CO ET APORESS) NU DRE ADMISSION) WN DRE CURITY NO. 1936	DF BIRTH 6, 1892 DR OF MEYER MARRIED DED TO THER INSTITUTION URSING HOME 13d. INSIDE CITY LIMITS? YES TO DE THE STHER 17. INFORMANT STEIN et al	90 9. BALTIMORE CITY OR CO 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 136. STREET ADDRESS 3505 PINKNEY ME MIDDLE ROBERT GOLDMAN 2 HOPKINS PLA	RD. LU C/o F ZA #21	ATH CORE KIND OF BUDUSTRY AT HO #21215 RIA RANK, 202
BIRTHPLACE (STATE OR FOREIGN COUNTRY) FRANCE CITY OR TOWN OF DEATH BALTIMAR UAL RESIDENCE (IF NURSING HON STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	ME OR OTHER INSTITUTION, GIVE ONLY MIDDLE S. ARMED FORCES? S. GIVE WAR OR DATES) BY ONLY ONLY DIATE CAUSE (a) DUE TO, OR A	SPITAL, NURS ACJUTY, GIVE STREE WE RESIDENCE BEFOR RECEITY OR TO BALTIMO LAST HMOLL 213-46- RE FOT (a), (b), (b), (c)	MAR. 8. MARRIEL WIDOWE WIDOWE SING HOME OF ET APDRESS) WN DRE ADMISSION) WN DRE ADMISSION) WN ORE CURITY NO1936	. 6, 1892 ED NEVER MARRIED DED TO THER INSTITUTION URSING HOME 13d. INSIDE CITY LIMITS? YES XX NO DESTHER MAIDEN NA PREST HER 17. INFORMANT STEIN et al	9. BALTIMORE CITY OR CO BALTIMORE CITY OR CO BALTIMORE 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 130. STREET ADDRESS 3505 PINKNEY ME MIDDLE ROBERT GOEDMAN 2 HOPKINS PLA	RD. LU C/o F ZA #21	#21215 RIA RANK, 202
FRANCE CITY OR TOWN OF DEATH BALTIMAR UAL RESIDENCE (IF NURSING HON. STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	ME OR OTHER INSTITUTION, GIVE ONLY MIDDLE S. ARMED FORCES? S. GIVE WAR OR DATES) BY ONLY ONLY DIATE CAUSE (a) DUE TO, OR A	SPITAL, NURS ACJUTY, GIVE STREE WE RESIDENCE BEFOR RECEITY OR TO BALTIMO LAST HMOLL 213-46- RE FOT (a), (b), (b), (c)	MARRIEL WIDOWE WIDOWE APPRESS NU DRE APPRESS ON WN DRE APPRESS ON WN DRE APPRESS ON WN DRE APPRESS ON WN DRE APPRESS ON WN DRE APPRESS ON WN DRE APPRESS ON WN DREAM OF THE APPRESS ON THE	DROTHER INSTITUTION URSING HOME 13d. INSIDE CITY LIMITS? YESXIX NO 15. MOTHER'S MAIDEN NA FIRST ESTHER 17. INFORMANT STEIN et a1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 130. STREET ADDRESS 3505 PINKNEY MIDDLE ROBERT GOEDMAN 2 HOPKINS PLA	RD. LU C/o F ZA #21	#21215 RIA RANK, 202
CITY OR TOWN OF DEATH BALTIMARS UAL RESIDENCE (IF NURSING HONE) STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (VES NOOR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA JAMAEL Conditions, if ony, which gove rise to immediate	ME OR OTHER INSTITUTION, GINOUNTY MIDDLE SC. ARMED FORCES? S., GIVE WAR OR DATES) BY: DIATE CAUSE (a) DUE TO, OR A	ASJUTY, GIVE STREE VE RESIDENCE BEFORE BEFORE LAST HMOLL 10. SOCIAL SEC 213-46- 10. SOCIAL SEC	EURITY NO.	URSING HOME 13d. INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN NA FIRST ESTHER 17. INFORMANT STEIN et al	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE 136. STREET ADDRESS 35 05 PINKNEY MIDDLE ROBERT GOLDMAN 2 HOPKINS PLA	RD. LU C/o F ZA #21	#21215 RIA RANK, 202
BALTIMORE UAL RESIDENCE (IF NURSING HON. STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	ME OR OTHER INSTITUTION. GINOUNTY MIDDLE SCI. ARMED FORCES? S, GIVE WAR OR DATES) BY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONL	ASJUTY, GIVE STREE VE RESIDENCE BEFORE BEFORE LAST HMOLL 10. SOCIAL SEC 213-46- 10. SOCIAL SEC	DRE ADDRESS NU DRE ADMISSION) WN DRE	URSING HOME 13d. INSIDE CITY LIMITS? YESAX NO 15. MOTHER'S MAIDEN NA FIRST ESTHER 17. INFORMANT STEIN et al	TYPE OF WORK FOR MOST OF WORL HOUSEWIFE 136. STREET ADDRESS 3505 PINKNEY ME MIDDLE ROBERT GOLDMAN 2 HOPKINS PLA	RD. LU C/o F ZA #21	#21215 RIA RANK, 202
STATE MARYLAND FATHER'S NAME FIRST LUCIEN WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	MIDDLE SC. ARMED FORCES? S, GIVE WAR OR DATES) er only one couse per lin USED BY: DIATE CAUSE (a) DUE TO, OR A	HMOLL SOCIAL SEC 213-46-	CURITY NO.	YESNIX NO III 15. MOTHER'S MAIDEN NA FARSI ESTHER 17. INFORMANT STEIN et al	ROBERT GOLDMAN 2 HOPKINS PLA	LU C/o F ZA #21	RIA RANK, 202
WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUMME! Conditions, if ony, which gove rise to immediate	MIDDLE SCI ARMED FORCES? S. GIVE WAR OR DATES) BY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONL	HMOLL b) SOCIAL SEC 213-46-	-1936	15. MOTHER'S MAIDEN NA FARST ESTHER 17. INFORMANT STEIN et al	ROBERT GOLDMAN 2 HOPKINS PLA	LU C/o F ZA #21	RIA RANK, 202
LUCIEN WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	S. ARMED FORCES? S. GIVE WAR OR DATES) er only one couse per lin USED BY: DIATE CAUSE (a) DUE TO, OR A	HMOLL 3b. SOCIAL SEC 213-46- be for 10), (b)/d	-1936	ESTHER 17. INFORMANT STEIN et al	ROBERT GOLDMAN 2 HOPKINS PLA	C/o F ZA #21	RIA RANK, 202
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per lin USED BY: DIATE CAUSE (a)	213-46-	-1936	STEIN et al	2 HOPKINS PLA	ZA #21	202
18. CAUSE OF DEATH LENTE PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	er only one couse per lin LUSED BY: DIATE CAUSE (a)	e for (o), (b), (arkin		,		
PART I. DEATH WAS CA 3320 Conditions, if ony, which gove rise to immediate	DIATE CAUSE (a) DUE TO, OR A	1	arkin	Json's Die	essel		APPROXIMATE JETWEEH-ONSET
3320 [MME] Conditions, if ony, which gove rise to immediate	DUE TO, OR A			Janes Dis	esse		114
gove rise to immediate	,	S A CONSEO	UENCE OF				
gove rise to immediate	h (h)						
	e)						
couse (o), stoting the underlying couse lost		S A CONSEO	UENCE OF				
	NT CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN F	PART 110
190. DATE OF OPERATION	196. CONDITIO	ON FOR WHIC	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE	FINDINGS
					YES NO	TERTIFYING C	AUSES OF E
210. ACCIDENT WAS UNDERLYING	1100100 111		DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)
OR CONTRIBUTING CAUSE OF	DEATH	MOINT	19			GILLO I	
21d. INJURY OCCURRED	LAT HOME STREET		E, FARM ETC)	211. LOCATION	CITY OR TOWN	co	UNTY
AT WORK			26	11 19	ISTER		12
				nd that in (my) (our) opinion	deoth occurred on the date on		, that
22b. SIGNATURE	100	1		DEGREE	MEDICAL STAFE	22	. DATE SIGN
le here	() Kub	ez desne	M.	PHYSICIAN [DIRECTOR PHYSICIAN] /E	ted
Hubrey	D Ruch	nedso	nd ne	1 700 W	40 St Ba	Some	mel.
BURIAL, CREMATION, REMO	FEB. 20, 1	983 1			23d LOCATION BALL TIMORE	COUN	TY MAI
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CAN CONTRIBUTING CAUSE OF CHEET CAN CAN CAN CAN CAN CAN CAN CAN CAN CAN	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF I HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospital) attended there is not with deceased gliws on obove (1) (we) (did (did not) view the body of 12b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPROR PRINT) BURIAL, CREMATION, REMOVAL 23b. DATE FEB. 20, 1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE AT WORK 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) 220. I certify that (1) (this hospital) attended the deceased from saw the deceased gliwer of obove (1) (we) (did Not) view the body after death. 221. SIGNATURE 222. PHYSICIAN'S NAME TYPEOP PRINT) BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 235. DATE FEB. 20, 1983	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY ABDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 22d. I certify that (1) (this hospital) argended the deceosed from sobove (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATORE 22d. PHYSICIAN'S NAME (YPROPRINT) BURIAL, CREMATION, REMOVAL 23b. DATE FEB. 20, 1983 133c. NAME OF CIPECIFY) BURIAL	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY HOUR A.M. MONTH DAY YEAR OF ITEMER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF INJURY OFFICE, FARM ETC. 21d. INJURY OCCURRED WHILE OF INJURY OFFICE, FARM ETC. 21d. NOT WHILE OF INJURY OFFICE, FARM ETC. 21d. HOWE, STREET, FACTORY, OFFICE, FARM ETC. 21d. LOCATION STREET 22d. Leertify that (1) (this hospital) offended the deceased from Sover(1) (yes) (did (vided not) view the body offer death. 22d. PHYSICIAN'S NAME PYPROP PRINT) 22d. PHYSICIAN'S NAME PYPROP PRINT) 22d. PHYSICIAN'S NAME PYPROP PRINT) 22d. NAME OF CEMETERY OR CREMATORY OFFICE, FARM ETC. 22d. PHYSICIAN'S NAME PYPROP PRINT) 22d. PHYSICIAN'S NAME PYPROP PRINT) 22d. NAME OF CEMETERY OR CREMATORY OFFICE, FARM ETC. 19	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING OPERATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. NOT WHILE AT WORK 210. PLACE OF INJURY (IAT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 211. LOCATION STREET CITY OR TOWN 212. Certify that (1) (this hospital) griended the deceosed from sover (1) (we) (id) (id) (id) not) view the body after death. 220. SIGNATURE 221. PHYSICIAN'S NAME (TYPROR PRINT) 222. ADDRESS BURIAL, CREMATION, REMOVAL 233. DATE 123. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL 234. LOCATION 236. DATE REC'D, BY REGISTRAR 239. BURIAL, CREMATION, REMOVAL 236. DATE REC'D, BY REGISTRAR 239. UNERAL DIRECTOR SOL LEVINSON & BROS., INC.	216. ACCIDENT WAS UNDERLYING 2216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY AT WORK AT WOR



the Proposition of the extraction of the contract of The state of the s



STATE OF MARYLAND

2 91 ,31 (2 90)	1880 - 1880	and for
1911	hite ec. II,	Econle
vil ero lulu		four Logge
all use	igis 9. South Staget	
45 70 25 00 10 . 172	no iti	hinstore
hawina	land	. olam
ot Principle Suite 200, Lainteige 110	ome 0027 51 715	٥٠

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

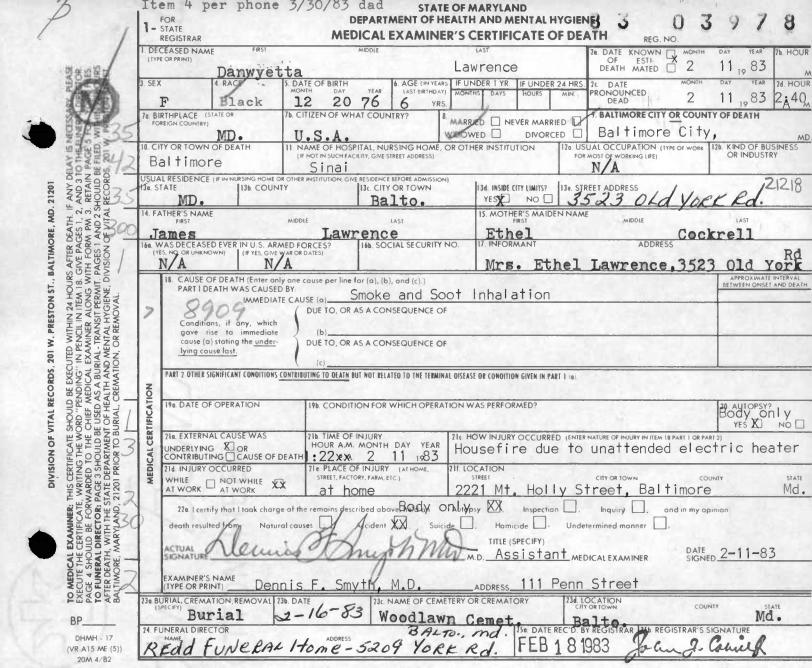
3

	REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST JOHN	MIDDLE	LAWH	ION	2e DATE OF DEATH	2 /	DAY YEAR	26 HOUR 6:05 A M
	× Male	* RACE White	5. DATE (OF BIRTH	6 AGE (INYEARS LAST B		IF UNDER LYEAR	
7 Sc	RTHPLACE (STATE OR FOREIGN COUNTRY) Outh Caroling ITY OR TOWN OF DEATH BALTIMORE	76 CITIZEN OF WHAT COUN United St; 11. NAME OF HOSPITAL, N (IF NOT IN SUCH ACKLITY, GME UNION MEM	MARRIE	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	BALTIMORE CITY BALTIM 12a USUAL OCCUPAT [TYPE OF WORK FOR MOST	ORE C	ITY	MD OF BUSINESS OR
130. Me	ALRESIDENCE IF NURSING HOME OR STATE TYLAND BALT ATHER'S NAME	other institution give residence NTY 13t. CITY OF Baldy	TOWN	13d. INSIDE CITY LIMITS? YES NOXX				or. 210
) 16a \			SECURITY NO.	FIRST	de Kirven			7. 2123
ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING Cong extre [196 CONDITION FOR W	SEQUENCE OF	failure,	AINAL DISEASE OR CON Hyperteuria 1700 AUTOPSY?	110b. IF YE	Lenvic H	NGS USED
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR ONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	19	211 LOCATION STREET	YES NO	DRY IN ITEM 18	IFYING CAUSE: ES PART I OR PART 2) COUNTY	S OF DEATH? NO
4	WHIE NOT WHIE AT WORK 170 I certify that (I) (this hospi sow the deceased alive on above, (I) (wertdid) (did no 27b. SIGNATURE 122d. PHYSICIAN'S NAME (TYPE O	tol) ottended the deceased of the view the body after death.	rom	22e ADDRESS	totototototototo	FF CIAN [22c. DATE	that (1) (we) lost couses stated SIGNED
E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY T Mem Grdn	23d LOCATION			STATE
24 FI	UNERAL DIRECTOR A. Fialkowsk	i 2007-09 É		25c DA	TE REC'D. BY REGISTRAF		TRAR'S SIGNA	TURE

DHMH-16 50M 1/81 (VRA 15, 4)

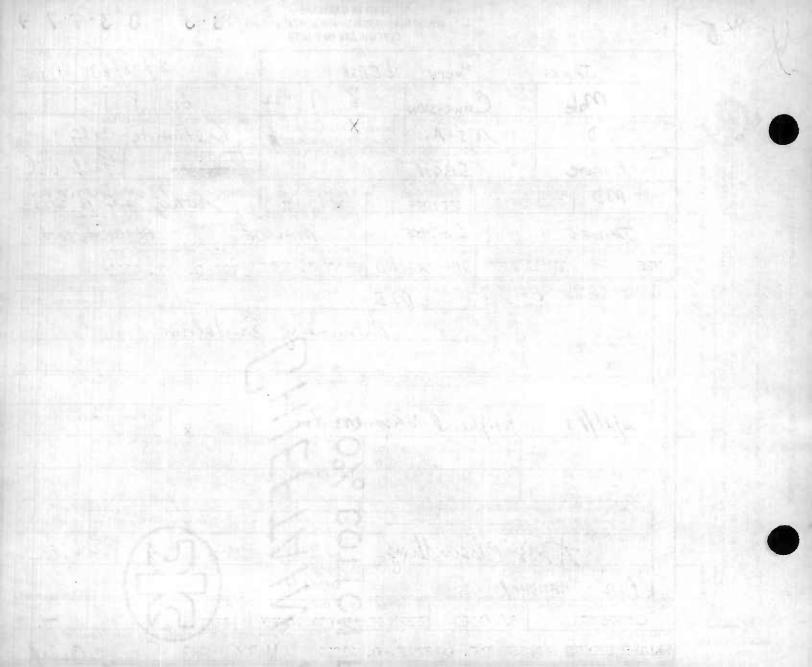
BP

1 / 1 / 1 to the late of the i ... is ... at it is a real time of the contract of hones. .. hours ه المالية الما en Average for our comment in the telegraph of the comment of the m. ... Flottowerd 2001-09 convers over 21231 FEB 17 WED July Carry



BA A C C BANK A SALE Talto. Lines Investor Investor Cockell re. Sthel lawerce, 3523 lle lors erist salto.

-0 1			STATE OF MARYLAND	8 mg	pla mig in the
A	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		039/
				REG. NO.	
	DECEASED NAME FIRST	WIDDLE	1 - a	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	JAMES	Heury	LEASE	2/	28/83 1:20
3.	SEX (C)	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HE
	Mala	(Van energy	MONTH 6 DAY / YEAR 22	60	MONTHS DATS HOURS MI
70	BIRTHPLACE (STATE OR FOREIGN 7	Th. CITIZEN OF WHAT COUNTY	**	9. BALTIMORE CITY OR COUNT	TY OF DEATH
1	COUNTRY) DAD	// C A	MARRIED NEVER MARRIED		
7		M.Z. H.	WIDOWED DIVORCED	Baltimor	The state of the s
10	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FASHITY, GIVE STI 	SING HOME OR OTHER INSTITUTION	120 OFTL BETRNER ORKING	UED THE STATE OF BUSINESS C
5	Butimore	51391	+	MECHANIC	July orl
U	UAL RESIDENCE (IF NURSING HOME OR C				Deckery
3		IMORE SOUNDA		130. STREET ADDRESS 13	y Dunmen
11	FATHER'S NAME	TIOTE WANA	15. MOTHER'S MAIDEN NA		CHITTIAN
20		NODLE / LAST	Page 2	MIDDIE -	SULLIVAN
20	VATALES	LE/1	SE. MAU.		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
0 J	· · · · · · · · · · · · · · · · · · ·	MED FORCES? 166. SOCIAL SI	110	3019 STRANDE	N RD.
1	YES OR UNKNOWN) WW I	I^ ARMY 214-13	1-/6/3 BETTY J. LEAS	SE BALTO., MD.	21230
the the	18 CAUSE OF DEATH (Enter only	y one couse per line for (n). (b)	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSED	BY:	MT		BETWEEN ONSET AND DEAT
	4151 IMMEDIATE	CAUSE (o)	1.17		
		DUE TO, OR AS A CONSE	DUENCE OF	C 100:	
	Canditians, if any, which	(b)	Pulmonerry	Embolism.	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		
	underlying cause last.	((c)			
5	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0
à alu					
as shows any injuriant of the control of the contro	19g DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
	2/2//83	Rosible	Virgenler dis.	INCERT	TIFYING CAUSES OF DEATH?
	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			YES NO
			DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART 1 OR PART 2)
/ NEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
5	21d. INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE	TAT HOME STREET PACTORY OFFI	CE, FARM, ETC)	(117 04 10 111	
2	220.1 certify that (1) (this haspita	al) attended the deceased fra	m, 19	, to	, 19, that (I) (we) lo
	saw the deceased alive an_	to discuss the deceased the	2, and that in (my) (aur) opinian		,, , , , , , ,
E	abave, (1) (we) (did) (did nat)	view the body after death.	A STATE OF THE PARTY OF THE PAR		
	226. SIGNATURE	is - Man. of	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	12	8 Chana	PHYSICIAN [94/83
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		
	ZZG. FTTT SICIAL STRAINE THEOR	240	5/5/11 ·		
T	Aziz - CHAUD	LLAV			
I	Aziz - CHAND	HALY Is	2/ NAME OF CENTERS OF COST	Task LOCATION	
23 23	A212 - CHAWD BURIAL, CREMATION, REMOVAL		31. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
23	A212 - CHAMD BURIAL, CREMATION, REMOVAL (SPECIAL) CREMATION	0 /7 /7 000	REEN MOUNT CREMATORS	BALTO.	MD.
24	A212 - CHAWD BURIAL, CREMATION, REMOVAL	3/1/1983 G	REEN MOUNT CREMATORS 256. DAI	CITY OR TOWN	MD.



deoth. Poge 4 moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		EALTH AND MEI		REG. NO.	। जिल्हाक	. 8 0
	CEASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
(117)	Phi	lip	Isia	1	eCompte,	Jr.	a	7 83	9:25 %
3 SE	X	4. RACE		5 DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	Wh	ite	MONTH.	14	Ŏ3	79 YRS.	MONTHS! DAYS	HOURS MIN.
la-B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8. MARRIEI	NEVER MAR	RIED 🗆	9. BALTIMORE CITY OR COUNT	Y OF DEATH	14-1-1-
M	aryland	U.	S.A.	WIDOWE			Baltimore	City	MD.
	altimore	(IF NOT IN SI	HOSPITAL, NURSI ICH FACILITY, GIVE STREE Agnes Hos	T ADDRESS]	R OTHER INSTITU	TION	124 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I Clothing Salesm	LIFE) INDUSTRY	of BUSINESS OR
Ma	ryland	E OR OTHER INSTITUTIO DUNTY	N. GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltim	NN			13e STREET ADDRESS 259 Oaklee Vil	lage, 21:	
14. F/	ATHER'S NAME Philip	WIDDLE	LeCom	pte, S	15. MOTHER'S M		WIDDLE	O]	ller
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS	The said	
	NO		217-09	-2011	Theresa	LeCo	mpte 259 Oaklee	Village	e 21229
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, (c) DUE TO, (c)	CACAL OR AS A CONSEQU	ND	yo can	dia	l Infancti.	IVEN IN PART 11	0
ō	Kecm	ong	hhe	Hear	1 fails	- 6	Hyperthuli	on.	A LITTLE FIL
CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORM	ED	IN CERT	ES, WERE FINDING IFYING CAUSES	NGS USED OF DEATH?
MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	P.M.	DAY YEAR		Y OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18		- U
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	27a I certify that (I) (this he saw the deceased alive obave, (I (we) (did) did 27b. SIGNATURE	on 2	7- 19		DEGREE		mEDICAL STAFF DIRECTOR PHYSICIAN		
	22d PHYSICIAN'S NAME (TY	hala	jama	n, MI		12	Silhens Are	. 2	1229.
	BURIAL, CREMATION, REMOV (SPECIFY) Cremation	AL 236. DATE 2/9/			Park Cre		ry Baltimore	COUNTY	Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

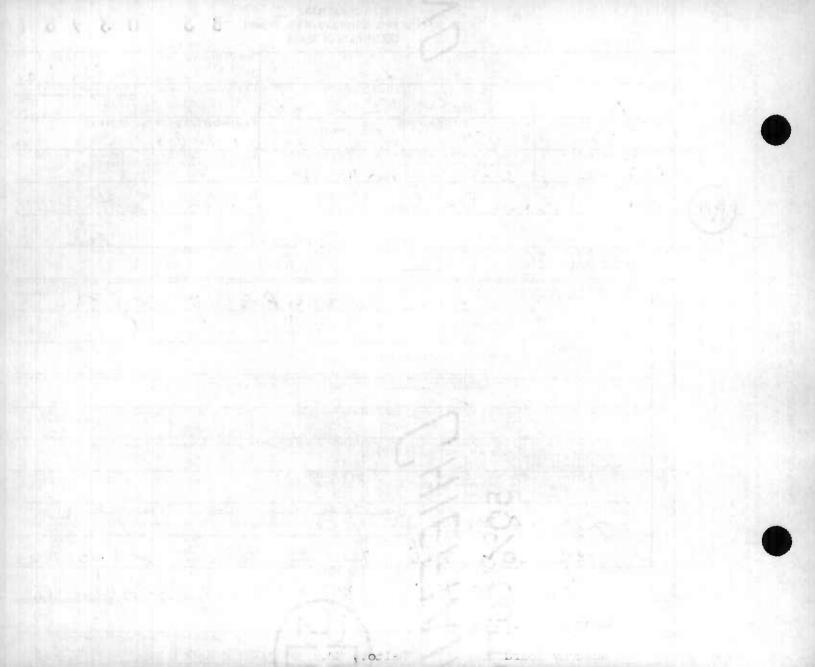
MPORTANT: If Item 21 is marked or Item 18 shows any

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

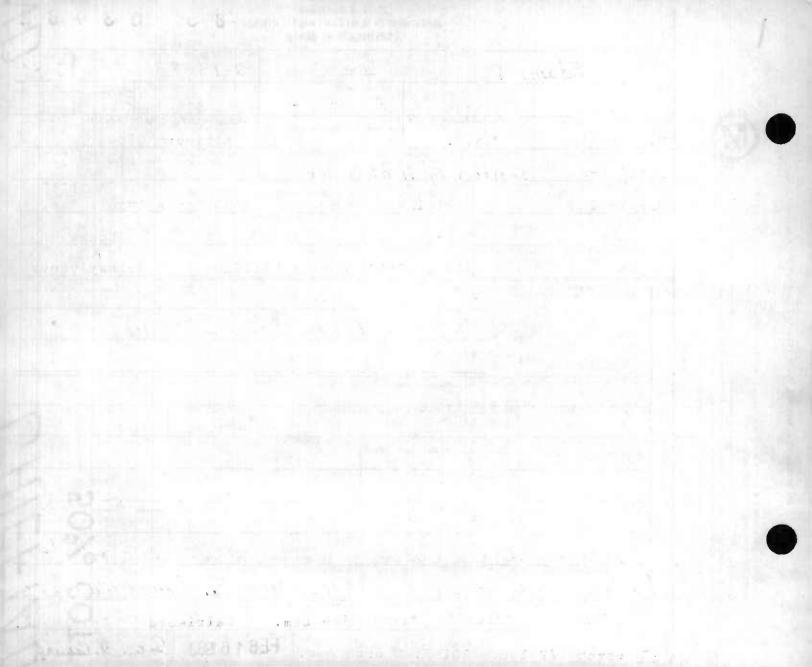
FEB 9 1983

Company of the second s

- 1				STAT	TE OF MARYLAND	500 to 100 -		
	1 -	FOR STATE REGISTRAR	DE		HEALTH AND MENTA FICATE OF DEATH	L HYGIENE 8 3	0 3	98
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)		Le	P		2 22 83	3 11
	3. SE		4. RACE		OF BIRTH	6. AGE IN YEARS LAST B	IRTHDAY) IF UNDER 1 YE	1,0
		M	Dack	- ^{MONT} 2	DAY YEAR		YRS.	YS HOURS M
79		RTHPLACE (STATE OR FOREIGN OUNTRY) USA	76. CITIZEN OF WHAT COU	INTRY? 8. MARRII WIDOW	ED NEVER MARRIED	0 12 1	OR COUNTY OF DEATH	
38	10. CI	a gimore	11. NAME OF HOSPITAL, I	VE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST		D OF BUSINESS
B	130. S	LE RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENT JUNITY 136. CITY O		138. INSIDE CITY LIMI	() (1)	Wino St	212
	4 FA	THER'S NAME			15. MOTHER'S MAIDE	N NAME	WINCO	110
90		FIRST	MIDDLE	AST	Shave	MIDDLE	Le	LAST
7		AS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	ADDI		
1	()	ES, NO OR ONKNOWN) (IF TES,	ONE WAR OR DATES)					
		18. CAUSE OF DEATH (Enter	only one cause per line for (a),	(b), and (c).1	. 1	0 -/ 1	BETWE	ROXIMATE INTERVA EN ONSET AND DE
		PART I. DEATH WAS CAU	IATE CAUSE (0) Exch	ene In	we work our	Kirth Weight	2500 :	3 6001
- 1		71		-110			X	1 1000
		1630	DUE TO, OR AS A CON	NSEOUENCE OF	11	0		
		Conditions, if any, which gove rise to immediate	(p)					
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF				
			(c)					
	Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO BEATH BU	NOT RELATED TO THE	TERMINAL DISEASE OR COM	IDITION GIVEN IN PART	110
-	ATIO	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	NAME DE DE DE DANS DE	20g AUTOPSY?	20b. IF YES, WERE FIN	DINICCUISED
9	FIC	THE DATE OF OFERATION	170. CONDITION TON	WHICH OFERATIO	ON WAS FERFORMED		IN CERTIFYING CAUS	SES OF DEATH?
4	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tale HOW IN DIRECT	YES NO	YES 🗆	NO 🗆
1 :		OR CONTRIBUTING CAUSE OF	- 1 110110 4 11 110113	TH DAY YEAR	ZIE HOW INJURY OF	CCURRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART 1 OR PART :	2)
7	CA	(IF EITHER, NOTIFY MEDICAL EXAMI	NER) P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC 1	21f LOCATION STREET	CITY OR T	OWN COUNTY	STATE
1	•	AT WORK NOT WHILE						
		22a. I certify the (I) (this ho	spital) attended the deceased		2/22 . 19	83 , to 20m	2/23, 19.83	_, that (1) we)
			not) view the body ofter depth		nd that ir my (our) op	inion death occurred on the c	date and hour and from t	the couses stated
		22b. SIGNATURE	A STATE OF THE POOL OF THE OFFIN	////	DEGREE		22c. DA	AJE SIGNED
		W.	of all	Vii .	ATTENDI		CIANTO 2/	22 /22
		22d. PHYSICIANIS NAME ITYP	PE OR PRINT)	1000	22e ADDRESS	AN DIRECTOR PHIS	LIANLE	02/00
		1/ Tol	1 5 Miles	11.	Not &	Podi do - 1	lat March	1 4
	0.0	V JON	n Jun 10	(1)	I och of	redayries, C	1041/019/a	S CY.
1		URIAL, CREMATION, REMOV.	TO SECURIOR SERVICES	23c. NAME OF	EMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY	STATE
		Removal	3/8/83		A STATE OF			
2	24. FL	NERAL DIRECTOR	AD	DRESS	25	O. DATE REC'D. BY REGISTRAL	256. REGISTRAR'S SIGN	IATURE
		Anatomy			., Md.	MAR 1 4 1983	1 for 1 9	Carrell



(VRA 15, 4)



16	1.	FOR STATE REGISTRAR CIFFO	DEPARTM	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		3 7 8
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		CEASED NAME FIRST	ord /	EMAST & R	REG. NO. 20. DATE OF DEATH MONTH D	AY YEAR 26. HOL
ge 4 moy	3. SE	Male	1. RACE	S. DATE OF BIRTH 1925	6. AGE (IN YEARS LAST BIRTHDAY) ME	FUNDER I YEAR IF UNDER ONTHS DAYS HOURS
deoth. Poge		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	Baltimore (it	<u>.</u> 4
or offer		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET /	RE GEV HOSPITA	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	M./.A.
y filled should the	130 5	MD 136. COU			13. STREET ADDRESS PA TA	psco AE
ompletely 1 and 2 sh		TOM TOM	LEWAST LAST	R MAXIE	MIDDLE	PARSON
on and c		VAS DECEASED EVER IN U.S. AI	WAR OR DATE:	6130 PR G-RECO	South Ball	Then Hosp APPROXIMATE INTER BETWEEN ONSET AND
n. no requires that the death on the seen signed by the attending permit. Then please remove corne prior to buriot, cremotion, or we any injury, or other troumati	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT Than bo	extopenIA SE	NO DIATHESI	with Splewectomy NNAL DISEASE OR CONDITION GIVE Ed Jutequascular 1200 AUTOPSY? 1200. IF YES,	COAGULATI WERE FINDINGS USED ING CAUSES OF DEAT
PHYSKCIAN: The low re ending physicion. this certificate has been the buriol-tronsit permit. In ad Mental Hygiene prior d or frem 18 shows ony it	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	Y YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
R ATTENDING hospitol or off RECTOR. After red for use as th ipt, of Health or lem 21 is marke	*		ot) view the body offer death.	, ond that in (my) Curropinion DEGREE	death occurred on the date and hour	9 3 . that (I) (Cond from the causes stated 22c. DAJE SIGNED
TO HOSPITAL O retoined by the TO FUNERAL DI should be detach with the State De IMPORTANT: If it		22d. PHYSICIAN'S NAME (179E	DOKE OFFINITY	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/11/8. Balto 2

0 0 0 0 F9 11 - 11 - 5 24 1/18 July Ver. Com Commercial a second Leg. Co. Co., Vic. interest of a general order than I had? a selection and there are the selection with the selection with FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10.	1 -	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. NO.			
		PAISLE		T.	LE	MMON	Feb. LP,	CAS 3	Y YEAR	11 3 A M
	. SEX	Male	4. RACE White		5 DATE O		6 AGE (IN YEARS LAST BIRTHE		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	1	RTHPLACE (STATE OR FOREIGN OUNTRY) nnsylvania	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D XX NEVER MARRIED DIVORCED	Baltimore city or Baltimore	COUNTYO		MD.
00		altimore		HOSPITAL, NURSIN		Street	120 USUAL OCCUPATION			Estate
35		RESIDENCE (IF NURSING HOME OF TATE ryland		Baltimo		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1029 St. P	aul S	treet	21202
00			burg	Lemmon		15. MOTHER'S MAIDEN NA. Emma	WIDDE		rison	ST
o le		AS DECEASED EVER IN U.S. AR	MED FORCES?	218-36-8		Mrs. Shirley	C. Lemmon 1		t. Pau	al St.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (a)	line far (o), (b), and	ral	Thrombosi	S			CONSET AND DEATH
осто		Canditians, if any, which		OS A CONSEQUE	NCE OF	Taralor Di	seare		Len	Kuorin
		gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	Desores			U	bur
injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ent DISE	EATH BUT	NOT REPORTED TO THE TERM	Taller; Di	ION GIVEN	S MO	litus
Swor Swor	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				NGS USED S OF DEATH?
Control of the last		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	MIN	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	N ITEM 18 PAR	T OR PART 2)	F 15
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	1	COUNTY	STATE
21 is mo		22a 1 certify that (1) (this hosp sow the deceased alive on above, (1) (was (did) (did no	Feb	7,197,8	3	nd that in (my) (and opinion	ta 2 11	8319 ond hour d		that (I) (we) lost
T. It Item		226. SIGNATURE	· C Su	المساعي		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N	22c. DATE	SIGNED 13/83
MPORTANT		MARTIN I	SING	SEWAL	D, M.	1220. ADDRESS DIE.CH	4A3657 F	Meri	WORE,	21202
2		URIAL, CREMATION, REMOVAL Entombment	236 DATE 2-14-	1983 Du	laney	EMEJERY OR CREMATORY Valley Mauso	oleumcity of town cockey	svill	елиту М	aryland
/81 2		neral director lck Towson Fune	ral Home	ADDRE 10	50 Yo		E REC'D. BY REGISTRAR B 1 4 1983	Jeogra	2.6	med

FEB 14 833 / San S Court

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

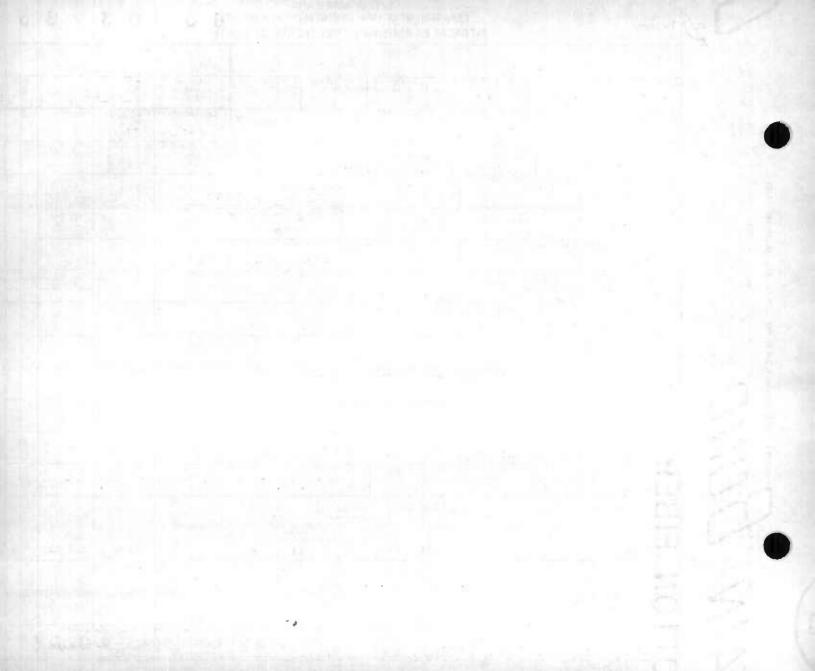
REG. NO

- STATE

REGISTRAR

ary car learned to the law or the Canonalan S 18 1909 - 19 73 altitors | shot residenced teest took Fibt eventile ALSIS teacher to ob file in a .od of Par colvers sampolic footing 274-1 - 1622 Lenia Verzonobor, VIS Hooksway Stao Ton , sage id les paredones pantses (9421/8 Feire LONAL O PAREET A FORE, 263 0. CORKELINE SEERIE 283 Jung Can'T

STATE OF MARYLAND



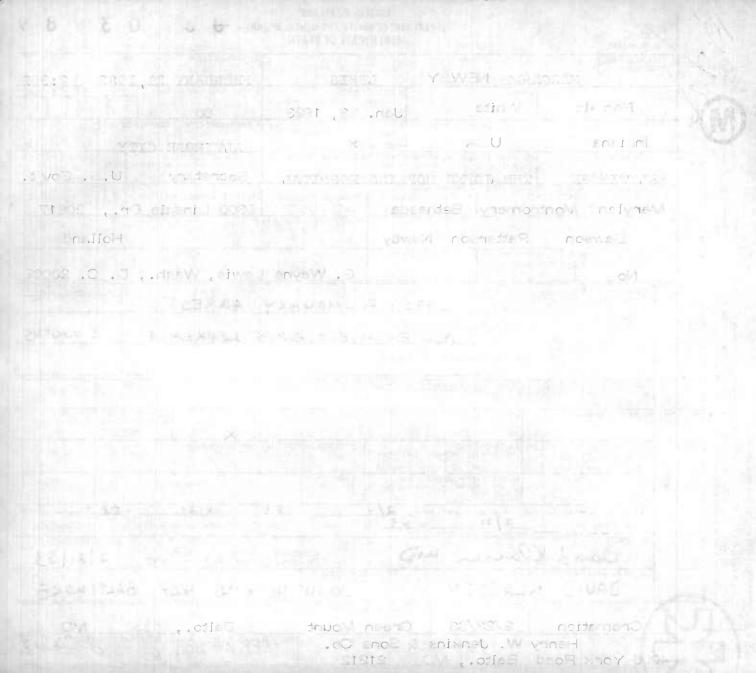
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be easy find the many 24 hours after death. Page 4 retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and commendation by the funeral director should be detached for use as the buriol-tronsit permit. Then please remove corbonopoers. Page and made filed within 72 hours of with the State Dept. of Heolth and Mental Hygiene prior to buriol, cremation, or removal.
	deoth.	funeral hin 72
5	after	y the f
02120	haurs	d in b
LAN	22	N
MAR	(n	N)c
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		100
BALTI	ate be	pers. F
Z ST.	certific	ng phy bon po
ESTO	deoth	ave co
. ₩	ot the	se remo
5, 201	ires th	gned b in plea buriol.
ORO	v requ	neen si nit. The rior ta
AL RE	The lay	it permit
JF VII	JAN: physic	throns I-trons fal Hyg
NOIS	DHYSIC Inding	this cer e burio
DIVIS	OING P	After of e as the
	Spital	CTOR.
	LOR /	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physics should be detached for use as the buriol-tronsit permit. Then please remaye corbon popes with the State Dept. af Heolth ond Mental Hygiene prior ta buriol, crematian, or removal,
	SPITA d by	I be de
	TO HOSPITAL OR ATTENDING PHYSICIAN: The le retained by the hospital or attending physician.	should with th
	BP.	

y	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.	3 9 8 7
÷ 3		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DA	20 1100K
tor. page 3	3. SE		4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	1987 10 CPM
0 0 5		temale	Axasoc White Main 13 43 700 89 YRS	ONTHS DAYS HOURS MIN.
h. Po.	Je: B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY C	OF DEATH
deot funer thin 7	10.0	MD.	WIDOWED DIVORCED Balto. CUS	Leg . MD.
by the filed with		Balto.	(TYPE OF WORK FOR MOST OF WORKING LIFE) South Baltomore Gen Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
illed in could be ermust be		mo A.		Hubbard Lane 214
(M) 20		Frederick.	MODIE MOTHER'S MAIDEN NAME MODIE MODIE MEYERS MEDIE	Lutz.
be effection of a series of a			RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Marys E. Ba same as 13	lladarsch
w requires that the death cert, seen signed by the attending print. Then please remave corbon rior to buriol, cremation, or retry injury, or other traumatic ev	ATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (b) Congestive Reart factors DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Likel Failure Dementic, Science Using Condition For Which Operation was performed 1200 autopsy? 1200. If yes, V	N IN PART 110
N: The law ysicron. Icate hos b consit perm Hygiene pri	CERTIFICATION	2]a. ACCIDENT WAS UNDERLYING	YES NO VESTIFY	NG CAUSES OF DEATH?
SICIA ng ph certif riol-t ental		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	T I OR PART 2)
ING PHYS	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR. Af for use a af Heolth		22a.l certify that (1) this has sow the december alive or	7-1 10	ond from the couses stoted
yy the hos yy the hos RAL DiREC detached tate Dept.		Hank	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/19/83
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:		Alan W	Dennis 3001 S. Hanover St. Bul	fo. MD 21230
	23a 8	BURIAL, CREMATION, REMOVA Burial	COT 1 CO Loudon Dank Com CITY OR TOWN	COUNTY
BP	24. FI	UNERAL DIRECTOR	Dai Cillora, Cit.	a Camil
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	ey F.H. Glen Burnie MD. 75% DATE REC'D BY REGISTRAR FEB 22 1983	<i>g</i>

The state of the s The state of the s I have been trained from the first the same and Compact of the second " Love Lind Failer, Dearth a, Secure Him de-Pier V Denni I The Standard St. Soft Minner

(7)	REGISTRAR ECEASED NAM	E FIRST		MIDDLE	IER'S C	CERTIFICATE O	20. DATE KNOWN IS		AR 2b. HOUR
1 S D	PE OR PRINT)	Andre	Jo	seph		ewis	OF ESTI- DEATH MATED	2-7- 19	83 M
まる世 3. SE	^x Male	Black	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD.	AY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD		26 HOUR 9:02
W 5	PRTHPLACE (S OREIGN COUNTRY)		U.S.A.	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRI	ED 12	OR COUNTY OF DEATH	MD.
HI C	Baltim		(IF NOTIN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) amaritan H			FOR MOST OF WORKING LIFE)	PE OF WORK 12b KIND O	BUSINESS ISTRY
130.	AL RESIDENCE STATE Maryla	LIE IN NURSING HOME OF	OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSI 13c. CITY OF TOWN Baltime	ONL		13e STREET ADDRESS 2008 Hille	2123 enwood Ros	-
	ATHER'S NAME		MIDDLE	Lewis		15. MOTHER'S MAIDE FIRST Angel	N NAME MIDDLE	Washing to	1
160.		DEVER IN U.S. ARA	NED FORCES? VAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	oseph Lewis	s 2008	enwood Rd.
MEDICAL CERTIFICATION, OR REMOVAL.	gove ri cause (o lying cau	ns, if ony, which se to immediate stating the under- use lost.	(b)	S A CONSEQUENCE (OF OF	Death Syn			
T S	194 DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFORMED?	G. St. JE S	28 AUTOR VES Ü	
E		I PAIISE WAS	ZIA TIME OF I						X NOT
MEDICAL CERTIFICATION		100	HOUR A.M.	MONTH DAY YEAR	211 LOC	OW INJURY OCCURRED CATION TREET	D SENTER HATURE OF HUNRY HITEM SE	and the second s	STATE
ARYLAND	UNDERLYING CONTRIBUTION 716 INJURY C WHILE AT WORK 27s Forth death results ACTUAL SIGNATURE	OR OR OF DOCCURRED NOT WHILE AT WORK AT WORK AT WORK Notion Notice	HOUR A.M. P.M. FIRE PLACE OF STEEL STEEL FOR THE remoins doscr	MONTH DAY YEAR INJURY (AEHOME, INJURY) (Aleapo	Y Nomicide True (SPECIFI) Deputy Chi	Undetermined manner	COUNTY nd in my opinion DATE SIGNED 2-7-8	3
BALLIMOKE, MARYLAND	UNDERLYING CONTRIBUTE THE PULLY CONTRIBUTE THE PULLY CONTRIBUTE AT WORK THE AT WORK ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME Thomas	HOUR A.M. F.M. FIRE PLACE OF	MONTH DAY YEAR INJURY (AEHOME, INJURY) (APODICIDE MANAGEMENT OF THE PROPERTY OF THE PR	Menicide Title (SPECIFI) Deputy Chi ADDRESS III P	Undetermined manner	COUNTY nd in my opinion DATE SIGNED 2-7-8	3

the local and see a large who have set there were be the state of the s



0	1.	REGISTRAR				CERTI	FICATE OF DEAT	TH	REG. NO	0.		
n e e		CEASED NAME	FIRST	TENER!	MIDDLE	1	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 245
oge dead		//	IAR	4	E.	~	EW13			d-14-	83	2 PN
Her p	3. SE			RACE		MON	OF BIRTH	ŽÃ	6. AGE (IN YEARS LAST BIR	MONT	HS DAYS	HOURS MIN.
90 00	2 0	Female			ack	4	28		59	YRS.	25.4711	
4 20 P	-	RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF		MARRI	D NEVER MARE	RIED 🗆	9. BALTIMORE CITY O			
deo		Maryland TY OR TOWN OF DE	ATI	U.S.		WIDOW		CED XX	Baltimo			MD
rs ofter	1	Baltimore	9	DEP	HEACILITY, GIVE	e STREET ADDRESS)	CAL CONT	ER	(TYPE OF WORK FOR MOST C		NDUSTRY	OF BUSINESS OR
Illing in could be	13a. S	at residence (# NUR STATE aryland	13b. COUN	OTHER INSTITUTION, NTY	13c. CITY O	e BEFORE ADMISSION R TOWN timore	13d. INSIDE CITY L YES X NO		13. STREET ADDRESS 1227 Pat	omac S	t. 2	1213
uthir	14. FA	THER'S NAME	Lat.	MIDDLE	LA	ST	15. MOTHER'S MA	IDENNAM	MIDDLE	F 1 7 1	1.65	
p plan 300		John			Spe		Mar	У			Mal	one
dicol dicol		VAS DECEASED EVER		MED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORMANT	15000	ADDRE	SS		
Pogo		NKNOWN	(11 123 011	E THE ON DATES	N,	/A	Jessie	E.Ca	arver 122	2 N.De		
sicio sicio pers val. t, the		18. CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a),	(b), and ic					BETWEEN C	MATE INTERVAL
phy		PART I. DEATH V			mes	umeni	W					2/25/5
ding arbc or re		1919			V-	ISEQUENCE OF	1010000000					J
deat ove c ion,		Conditions, if any		((b)_	-1 -		ma a	ade	IV			
the cremo	3	gove rise to import couse (a), statu		DUF TO O	R AS A CON	SEQUENCE OF	, 0			312-14		
by by onse		underlying couse	e lost.	(c)_			A.A.					
and bleed buried y, or		PART 2. OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTIN	IG TO DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN I	N PART 10	D
The Injur	CERTIFICATION									1.3		
ow re mit. prior ony i	CAT	19a. DATE OF OPERA	TION	19b. COND:	ITION FOR V	WHICH OPERATI	ON WAS PERFORME	D	200 AUTOPSY?	20b. IF YES, WE		
The lician.	TIE			1					YES NO	YES [NO 🗌
ZACOTO	Ü	210. ACCIDENT WAS UN		21b. TIME O		H DAY YEAR	21c. HOW INJURY	Y OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2	
SICIAI ng ph certifi rial-tr ental frem I	SAL	OR CONTRIBUTING			M.	19						
PHYS endin this o ne bur nd Me	MEDICAL	21d. INJURY OCCUR		21e. PLACE		OFFICE FARM, ETC.)	21f. LOCATION		CITY OR TO	WN	COUNTY	STATE
offe offer the street of the s	2	AT WORK AT WO	HILE	TAT FOME. STA	REET, PACTORY,	OFFICE PARM, EIC)						
ADIN or use o use o s mo		22a.1 certify that (1)	(this hospi			-dn /	stemper 7, 1	982	- 10 Februar	ry- 14, 198	2	that (I) (we) last
pital pital TOR for t of H		saw the deceas	ed olive on	February view the body	offer death	19 82	and that in (my) (our) opinion de	eath accurred on the d	ate and hour and	d from the	couses stated
hos hos hed hed ept.		226. SIGNATURE		10			DEGREE				22c. DATE	SIGNED
Y the XAL D detack to the D detack to the D AT: If		Can	al /	352	en	m.D.	ATTEN PHYS	NDING SICIAN	MEDICAL STA	FF IAN 🗖	2/1	4/23
E Se E P		22d. PHYSICIAN'S N	AME TYPE	OR PRINT)	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tee ADDRESS					700
retained by the TO FUNERAL should be defined by the State with the State MPORTANT:		Carol	B. 1	tooper,	m-			_	122 St, Ba	them 10	W, 3	1,230
BP		BURIAL CREMATION	, REMOVAL	23b. DATE 2/18/	/83		Calvary		Baltimo	re	Co,	si Md
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR			40	DRESS		250. DATE	REC'D. BY REGISTRAR	256 DEGISTRAR	SSIGNAT	URE
(VRA 15, 4)	W	m.C.Marc	h F/I	H Inc.			th Ave-	FE	B 1 6 1983	John	A. C.	thiely

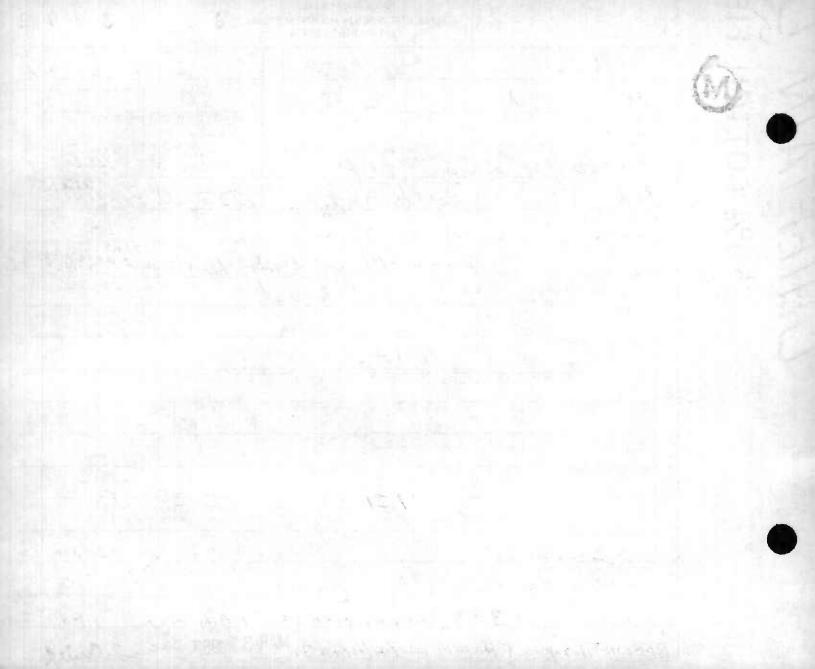
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The river a Medical Contac FER | FER | Can & Can &

4319N. Schreed

(VRA 15, 4)

Millian all market more than 1975 to good of The state of the s STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FEB 22 283 Jang anish

FOR - STATE REGISTRAR 1 DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a DATE OF DEATH 2b HOUR 7:30 IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

REG NO

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

21229

2536 Batt. Str Batt. mo

LAST

Card breast	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR AS A CONSEQUENCE OF I	'ine
OR AS PECONSEQUENCE OF LEWEL Brillitan	
CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART Ita

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

COUNTY STATE

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

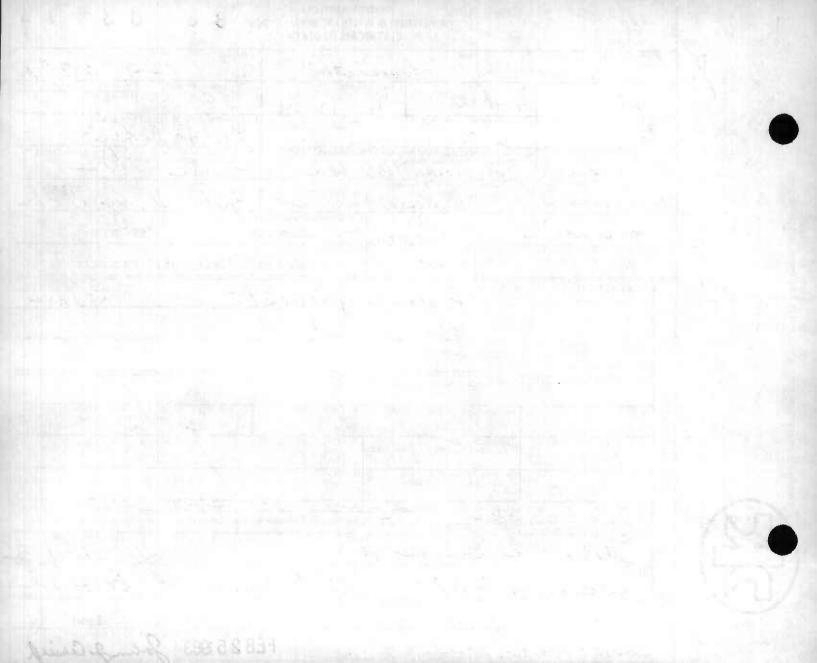
COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

The latest the second control of the second the second of the second of the second Call And Land Control of March 1 1977 19 Market Carlot Ca

DIVISION OF VITAL RECORDS, 201



+	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	0.	3	9 6
1		OR PRINT) HELEN	BROWN L		icum	2a. DATE OF DEATH	MONTH 2	9 83	745 A
	3. SE		WHITE	SEPT	F BIRTH 1906	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
)	7a. BI	RIMPLACE (STATE OR FOREIGN 7b. DUNTRY)	CITIZEN OF WHAT COUNTRY?	1. MARRIEI WIDOWE	_	BALTIMORE CITY C	ORE COUNT	C, Ly	MD
0	7	Rallimone 1.		CAIC	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ON OF WORKING LI	FE) INDUSTRY	Home
5		TATE TAND AND HOWA	13c. CITY OR TOWN		134. INSIDE CITY LIMITS? YES AND A	130. STREET ADDRESS	umbi	PIKE	21043
30	14. FA	RICHARD MIDE	Brown		15. MOTHER'S MAIDEN NAM	MIDDLE		REESI	
2		VAS DECEASED EVER IN U.S. ARMEI (15 NO OR UNKNOWN) (16 YES, GIVE WA		402	ARThuRL, LINI			Coty md	
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONSEQUE	ICE OF		tion			AWATE NOTERVIE
2	CERTIFICATION	PART 2: OTHER SIGNIFICANT CON	196 CONDITION FOR WHICH		V	INAL DISEASE OR CON	20b. IF YE	S, WERE FINDIN	NGS USED
7	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	ŽÍC HOW INJURY OCCUR	YES NO		PART 1 OR PART 2)	но 🗌
	MEDICAL	(IF EITMER, NOT IFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR IC	own Z	COUNTY	STATE
		22a. I certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did not) vi 22b. SIGNATURE	1967 111 198	3 11.00	d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	ur and from the	

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR
SIACK FUNDER! Home Ellicott City, And.

23b. DATE 23a. BURIAL, CREMATION, REMOVAL 2-14-83

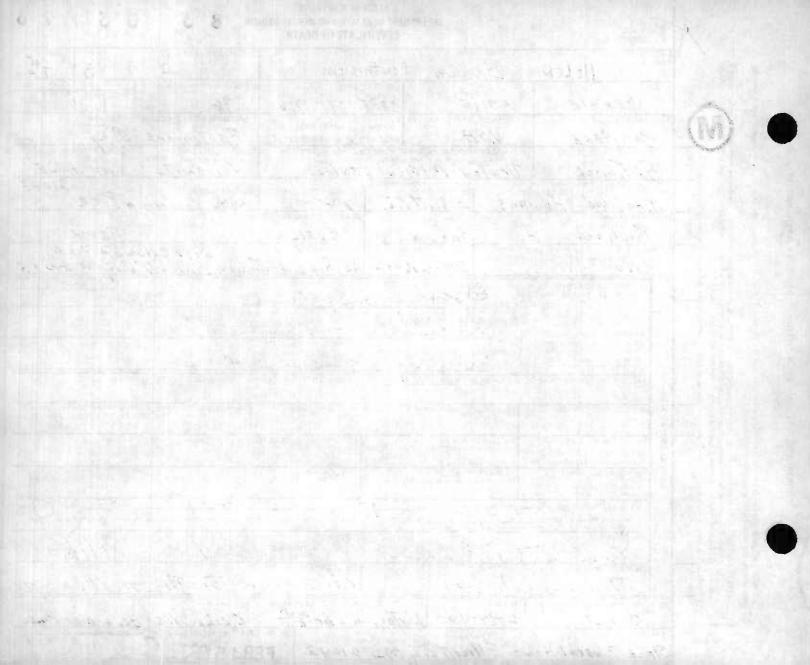
224 PHYSICIAN'S NAME (TYPE OR PRINT)

231. NAME OF CEMETERY OR CREMATORY

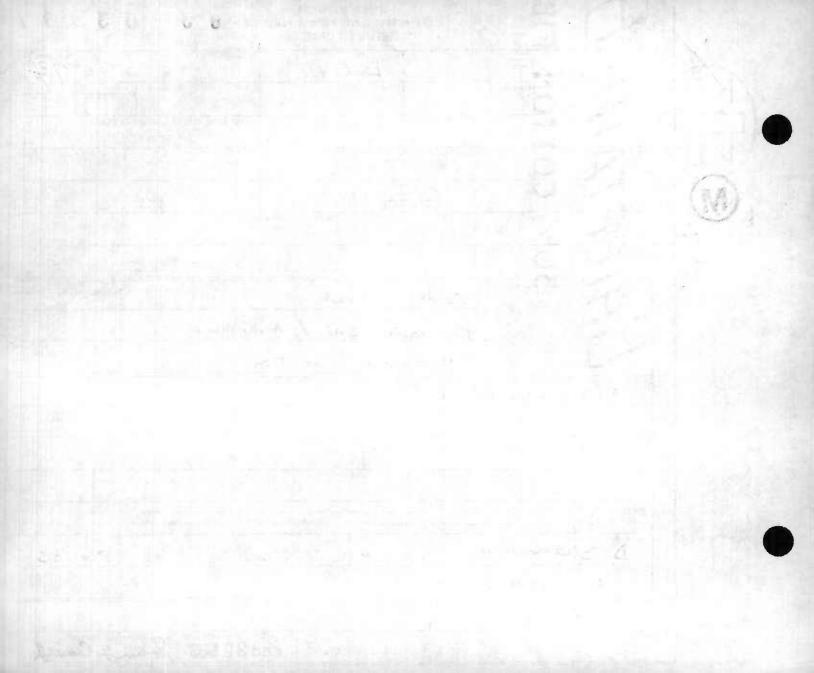
22e ADDRESS

21043

23d LOCATION
CITY OR TOWN
CIARKS 0%

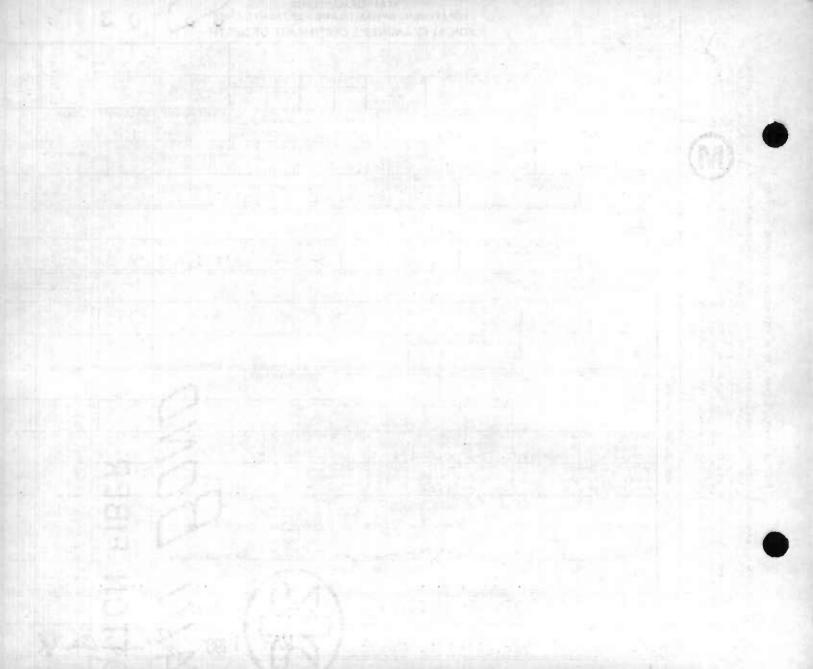


1/	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND SEALTH AND MENT SICATE OF DEAT		NE 8 3	o.	3 9	97
e of A		CEASED NAME FIRST		NIDDLE	L	LOYD		20 DATE OF DEATH	MONTH D		7-30 M
Page 4 may be director, page hours of a dealer.	3. SE	Female	4 RACE	Black	5. DATE O		23	AGE TIN YEARS LAST BIR		- Service Alexander	HOURS MIN
deoth. Po		S.C.	7b. CITIZEN OF V	USA	MARRIE WIDOWE	D NEVER MARRI	IED 🔟	Baltimore city o			MD.
is ofter o	Ва	altimore	Bon :	Secour 1	DDRESS Hosp	or other instituti ital		20 USUAL OCCUPATION OF OF WORK FOR MOST OF			BUSINESS OR
24 hou	USU.	AL RESIDENCE IF NURSING HOME O STATE 136 COUI	ROTHER INSTITUTION (GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltimo	1	13d. INSIDE CITY LI/ YES MO	MITS?	3508 W.	Lexin	gton S	t. 212
ond exom	4 FA	Leroy	WIDDLE	Smith		15. MOTHER'S MAII Mary		WIDDLE		LAST	2
on ond co	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUE N/A	RITY NO.	Leroy L	loyd	3508 W.		ngton	St.
equires that the death cer n signed by the attending Then please remove carbo to buriol, cremation, or re injury, or other traumatic e	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE LUMACIAL AS A CONSEQUE MYOCA NTRIBUTING TO D	rla NCE OF:		ction	Lythmia	DITION GIVE	EN IN PART 1/o	
Cron. re hos bee isit permit. gjene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH (OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERTIFY YES		
uG PHYSICIAN: ottending physic ter this certificate so the buriolitrons hond Meritol Hyg noked or item 18 si	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.A. 21e PLACE C	A. MONTH DA	Y YEAR 19	21¢ HOW INJURY 21f LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJUIL CITY OR TO		COUNTY	STATE
O HOSPITAL OR ATTENDIN etoined by the hospital or TO FUNERAL DIRECTOR: At should be detached for use or with the State Dept. of Health		22d. PHYSICIAN'S NAME (TYPE	oreddin	1919		DEGREE ATTEN	opinion de	_, to	ote and hour		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)Burial	236 DATE 2/24/8			EMETERY OR CREMA	Pk.	23d LOCATION CITY OR TOWN Balti		COUNTY	STATE MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		n. NaC. March I	F/H 11	01 EDDRESSNO	orth		FEE FEE	8 2 2 1983	256 Sola	PAR'S SIGNATUR	will



56	1- STATELLE G577 3-	9-83 gw DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & S	0 3 9 9 8			
noy be poge 3 er deoth	1. DECEASED NAME FIRST (TYPE OR PRINT) JOSEP	OHS. LOIA	CONO	20. DATE OF DEATH MONTH	3-83 930pm			
ge 4 mo	MAIE	4 RACE WHITE	5. DATE OF BIRTH 31 1886 MONTH DAY YEAR 7	6. AGE (IN YEARS LAST BIRTHDAY) 95 96 YRS	MONTHS DATS HOURS MIN.			
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	CITY MO			
urs offer	BALTIMORE	BALTIMORE CI	TY HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) BETH STEEL	IZB. KIND OF BUSINESS OR INDUSTRY STEEL			
in 24 hou y filled in hould be			YN 13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS 2700 KIRKLEIGH	RD, 21222			
completed on the completed of the completed on the completed of the complete o		MIDDLE LAST OLACOMO Loiac		MIDDLE	Sheps			
e be execution and construction and constructions.	NO NI	WE WAR OR DATES)	4148 J. WEST	ADDRESS A700 KIRKLEIGH	RD, 21222			
ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rethending physician. Wher this certificate has been signed by the attending physician and completely filled in the ost the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be full the and Mental Hygiene prior to buriol, cremation, or removal. The provided or them 18 shows any injury, or other traumatic event, the medical examine rauge be any order or the contraction of the provided or the contraction of	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) PNEWNO DUE TO, OR AS A CONSEOU (c)	nia	MINAL DISEASE OR CONDITION GI	VEN IN PART 1 o			
The low recion. The hos been sist permit. I giene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
HYSICIAN: The I ading physicion. Is certificote hos burd-transir pe burd-transir pe I Mem I B shows	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
S Teology	AT WORK AT WORK	(AT HOME, STREET, FACTORY OFFICE, I	FARM, ETC.) STREET	city or town	COUNTY STATE , 19, that (I) (we) lost			
the hosp to DIRECT toched for them 2	obove, (I) (we) (did) (did no 22b. SIGNATURE	or) view the body after death.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	272. DATE SIGNED			
CO HOSPITAL TO FUNERAL should be determine Should be determine Should be Manual with the Stote	22d. PHYSICIAN'S NAME (TYPE	B Lanpi	her Baltimo		ntils			
BP	230 BURIAL, CREMATION, REMOVA BURIAL		NAME OF CEMETERY OF CREMATORY	BALTIMORE,	MARYLAND			
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME CONNELLY FUNE	RAL HOME OF	DUNDALK MA		TRAR'S SIGNATURE			

THE RESIDENCE OF THE PARTY OF T IN SINCE THE STATE OF THE STATE TARK THE HEAD WAS TO STORY TO STORY THE STORY OF THE STORY MARIE MENERAL LINCONSTRUCTOR OF



1	1-	FOR STATE REGISTRAR	DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE 8 3	0 4	0 0 0
		TEASED NAME FIRST OR PRINT!	s MIDDLE L	ONG	20 DATE OF DEATH	MONTH DAY YEAR 20 83	26. HOUR 7.28 P M
	3 SEX	MALE		TE OF BIRTH ONTH ONTH ONTH ONTH ONTH ONTH ONTH ON	6. AGE (IN YEARS LAST BIRTI	YRS. IF UNDER 1 YE,	YS HOURS MIN
	cc	Y OR TOWN OF DEATH	7 < 1. MAR	RRIED NEVER MARRIED DWED DWORCED DWORCED	Ci.	Ty	MD O OF BUSINESS OR
7		BALT: MORE	(IF NOTINGED FACILITY, BYE STREET ADDRESS)	Hosp.	THE OF WORK FOR MOST OF		
		TATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Tresto	57
	14. F.A.	Scoral, MIDE	long last	15 MOTHER'S MAIDEN NAM	AE MIDDLE	Pountter	e
	16a W	(AS DECEASED EVER IN U.S. ARME ES NO OR UNKNOWN) (IF YES, GIVE WA (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECURITY NO. PARCED STATES	Mrs. Ateica	CROWell	33/6 Edm	21229 AC
		PART I. DEATH WAS CAUSED BY The Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost		hac arrest		OE LWC	OXIMATE INTERVAL EN ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH		200 AUTOPSY?	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 21e PLACE OF INJURY	21c HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	YES 🗌	NO 🗌
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC		CITY OR TOW	VN COUNTY	STATE
		22a.1 certify that (1) (this haspital) saw the deceased alive on above; (1) (we) (did) (did not) v 22b. SIGNATURE	2/20 1983	., ond that in (my) (our) opinion of		ote and hour and from t	_, that (I) (we) lost the couses stated .TE SIGNED
		226 PHYSICIAN'S NAME (TYPE OR PR	R ACHINAN	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF		FIGHTS

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BUBIAL, CREMATION, REMOVAL (SPECIN)

SULLI) QL

24. FUNERAL DIRECTOR

NAME

SORROLI L. RUS

23b. DATE

234 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

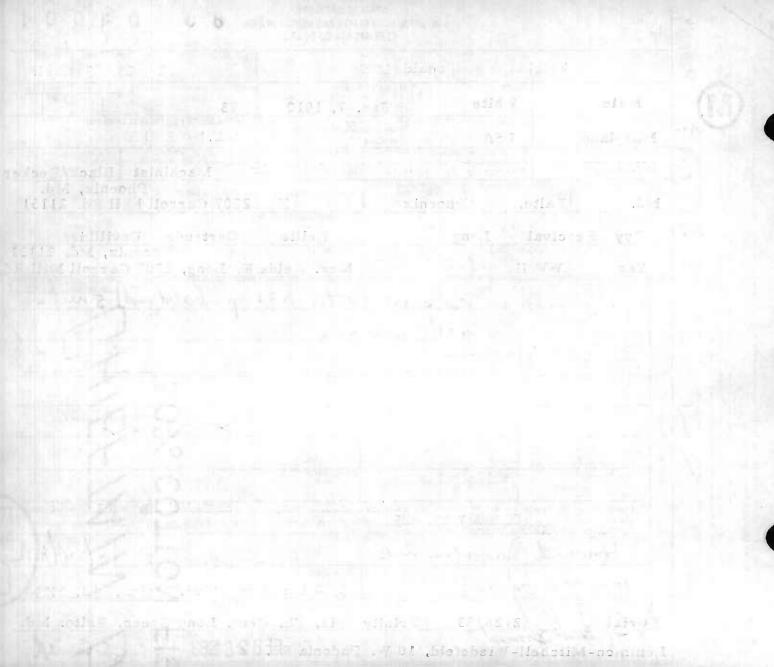
STATE

2024, NORTH AVA

BY REGISTRAR 256 REGISTRAR'S SIGNATUR

1002 6 Trespore 11. A 2 Stylety Blog Bearing the medical the formation of LES CELLEN LINE CONTRACTOR BERT CONTRACTOR MALE SAME VICER OF E. Academic modern will distribute on Taller

	1.	FOR - STATE REGISTRAR			DEP	ARTMENT OF	FICATE OF	MENTAL HYG		5 EG. NO.	0	4 0	0 1
1 75		CEASED NAME E OR PRINT)	WILL A		Don	ald LON	G		2a. DATE OF DEA	TH MONTH	23	YEAR 83	8:41P
	3. SE	x Male	4.	RACE White	•	MON	of BIRTH	910 YEAR	6. AGE (IN YEARS L			NDER I YEAR	IF UNDER 24 HRS
1 6 85		RTHPLACE (STATE OR I	OREIGN 7b.	CITIZEN OF USA	WHAT COUN	ITBVA 8	D NEVER		9. BALTIMORE C	ITY OR CO	UNTY OF	DEATH	MD
1113		BALTIMORE	TH 11	NAME OF	ARVINATION	URSING HOME ISN'STRAT	OR OTHER INS	DICAL CE	120. USUAL OCC NTER MA	UPATION MOST OF WORK A chini	(ING LIFE) II	NDUSTRY	of Business or k/Decker
100	USU 130. S	AL RESIDENCE (IF NURS STATE 1d.	Balto	HER INSTITUTION	13c. CITY OR Phoe		13d. INSIDE	NO 🛣	13e. STREET ADDI 2207 Ca	RESS	Phoe	enix,	Md.
ACP AC]4. FA	Roy Per	cival	DLE	ong	\$T		S MAIDEN NAM		DLE		rillbi s	ST T
Pages Pages	16a V	VAS DECEASED EVER YES. NO OR UNKNOWN) Yes	U.S. ARME	AR OR DATES)		SECURITY NO. 05 0543	Mrs.						d. 21131 1 Mill Rd
been signed by the ottending the period by the ottending the period by the ottending prior to buring, or other traumatit.	ATION	Canditians, if ony, gave rise to imm cause (o), statin underlying cause PART 2. OTHER SIGN	nediate g the last.	(b) DUE TO, O (c) NDITIONS <u>C</u>	R AS A CONS	SEQUENCE OF			NAL DISEASE OR	793		N PART 1(d	
hos hos ows	CERTIFICATION	21a. ACCIDENT WAS UND				THE TOTERATIO			YES NO		ERTIFYING	CAUSES	OF DEATH?
iding p nis certif burial-t Mental	MEDICAL CE	OR CONTRIBUTING CO	AUSE OF DEATH	P. 21e. PLACE	M. MONTH M. OF INJURY	19	21f. LOCATI	ON	ED (ENTER NATURE C	0.			
t ar otter R: After th use as the tealth and is morked	W	while Norwhat work 220.1 certify that	(this haspital)	attended th	e deceased f			, 19.83	, ₁₀ FEBRU	ARY 2	3 19	83	that X2 (we) last
J by the hospita NERAL DIRECTO be detached for e State Dept. of H TANT: If Item 21		saw the decease abave, M (we) (c	and	Jaco	after death.	19 <u>83</u> , o	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	312	22c. DATE:	
retained by the retained by the TO FUNERAL should be determined by the State with the State IMPORTANT:	75a f	170WA	REMOVAL	O PO PE	S	230 NAME OF		Loch R	aven Blv		alto.	, Md.	21218
ВР	E	was !	11	2/28/	83	100000000000000000000000000000000000000		Ch. C	em. Loi	ng Gr			
MH - 16 50M 4/B2 (VRA 15, 4)	L	emmon-M	itchell	l-Wie	defeld	RESS 10 W.	Padon		3 2 8 1983	KAR 25	CISTRAR'	S SIGNATI	hulf



ADDRESS

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VRA 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

So. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Necky 5 3 1905 28 Dotto Onto x 157 w. mash on se



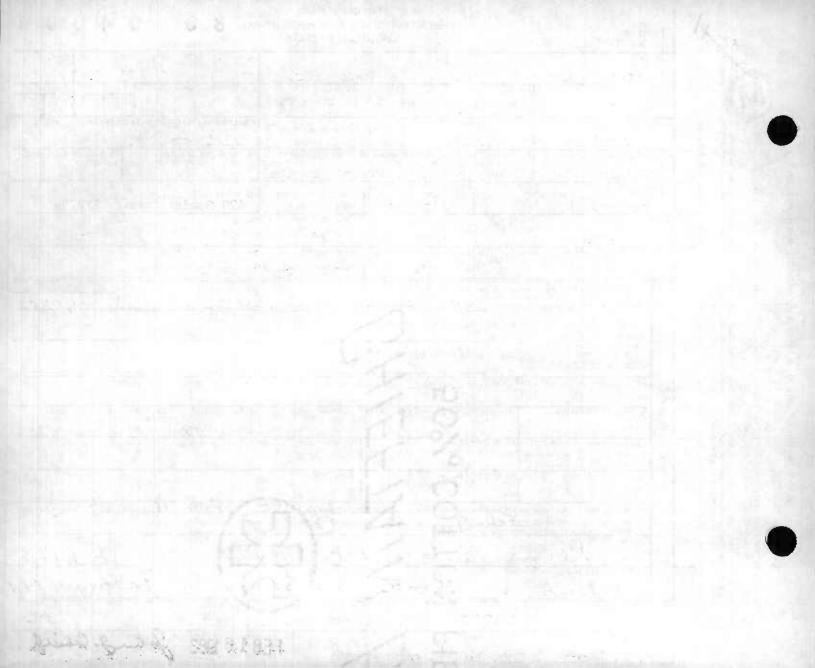
The second secon

Note to the Control of the Control o

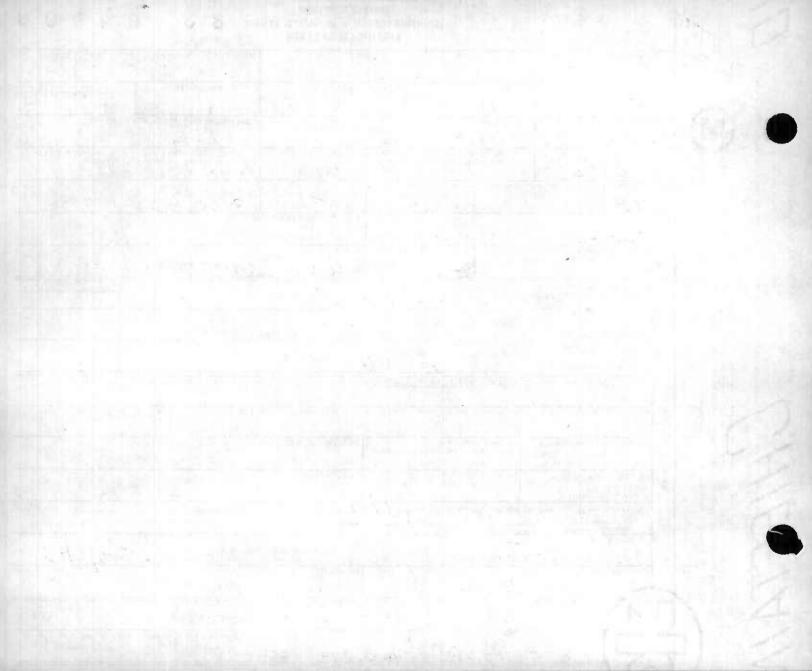
Sanial selection of the Complete selection and the Sanial

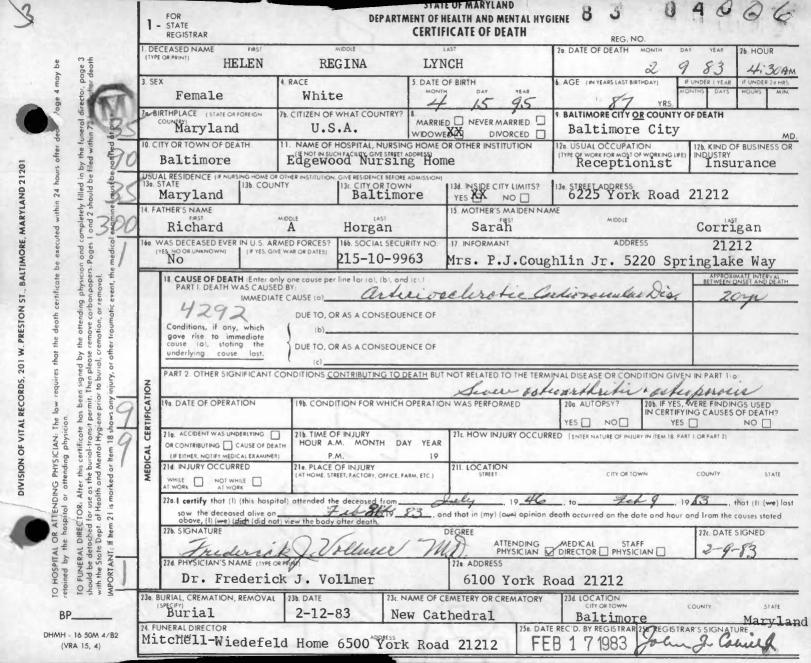
XX	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYG DEATH	IENE 8	REG. NO).	0	4 0	0 4				
((TYPE	EASED NAME OR PRINT)	FIRST	A	C.		AST	Can	2e. DATE OF	DEATH A	MONTH 2	DAY	YEAR 83	2b. HOUR				
	3. SEX		Jerry	4. RACE	ack	S. DATE C		Sr.	6. AGE (IN YE	ARS LAST BIRTH	HDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.				
10 Z		THPLACE (STATE OF F		b. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	D NEVER	MARRIED -	9. BALTIMOR Balti	E CITY OF		TYOFD	EATH					
1/0		Virginia Y OR TOWN OF DEA Itimore		11. NAME OF H	H FACILITY, GIVE ST	REET ADDRESS)	R OTHER IN	STITUTION SOSPITAL	12a. USUAL O	CCUPATIO	NC	12	b. KIND O	F BUSINESS OR				
	USUA 130. 51	RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)		CITY LIMITS?	13. STREET A 429 S	DDRESS Wale	Aver	nue	212	25				
The second secon	4. FA1	HER'S NAME FIRST Winston	N	AIDDLE	Luc	k		r's MAIDEN NA/		MIDDLE			Fai	ulkner				
16	[1]	AS DECEASED EVER ES, NO OR UNKNOWN) CS		AED FORCES? WAR OR DATES)	166. SOCIALS		17. INFORM Trudy	Luck 4	29 Swal	addres e Ave								
roumofic event, th		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED IMMEDIATE , which	CAUSE (o)		care	inon	ua (lung				-	WATE INTERVAL INSET AND DEATH YEAVS				
injury, or other	CERTIFICATION	couse (o), statin underlying couse	lost.	(c)	R AS A CONSE		NOT RELATE	D TO THE TERM	INAL DISEASE	OR COND	PITION G	SIVEN IN	PART 10					
shows only		RTIFICATIC	RTIFICATION	RTIFICATION	RTIFICATION	RTIFICATION	90. DATE OF OPERAT	TION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	200 AUTOF	NO X	IN CERT	TIFYING	CAUSES
- 97	~	210. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEAT	n	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER NATI	URE OF INJURY	Y IN ITEM TE	8 PART I C	OR PART 2)					
rkedor	MEDICAL	216. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	HE	21e. PLACE C	OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC]	211 LOCAT			CITY OR TOW	VN	C	OUNTY	STATE				
n 21 is mo		22a. certify that (I) sow the decease above, (I) (we) (c	ed olive on_	Feb.	9	9 <u>83</u> , or	id that in m	(our) opinion		elo. on the dot	te ond he		from the c					
TANT: # her	4	226. SIGNATURE	on	a -	8 Ho	esc.	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI			Fel .	14/8				
1 3		~		E.	HOE	16E	220 ADDRE		reene	St.	B	al	tien	NO MI				
MPORTANT		DON ,		23b DATE		3: NAME OF C			23d. LOCAT									

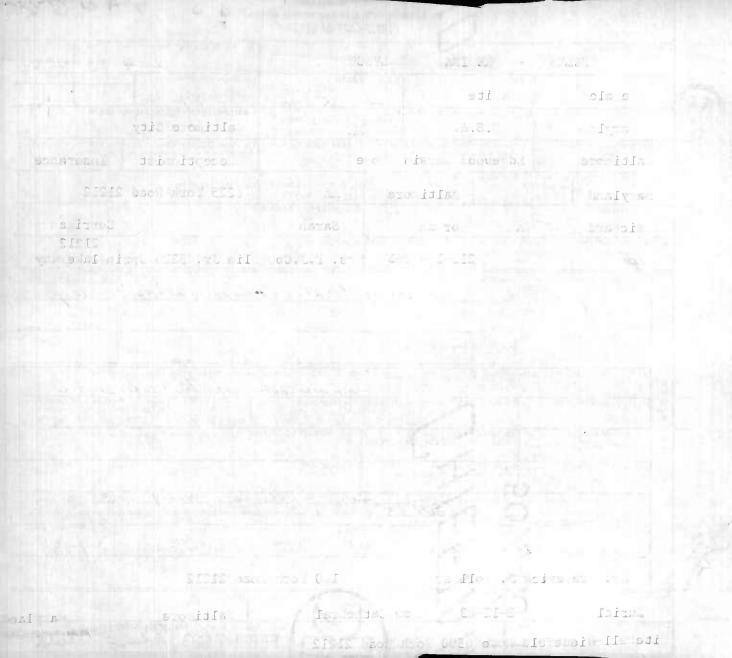
Wm. C. Jarch F/H Inc. 1101 E. North Avenue



tot	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	400 5
à 7 f	REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT)	MODIE LAST	REG. NO. 20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
Page 4 may	M	4. RACE S DATE OF BIRTH MONTH DAY YEAR 20	6. AGE (IN YEARS LAST BIRTHDAY) AC	FUNDER TYEAR INUNDER 4 HR.
death.	Maryland	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DNORCED	9. BALTIMORE CITY OR COUNTY O	٨
by the filed w	Bulto City	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH ACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING 198)	126. KIND OF BUSINESS C INDUSTRY
y fille	130. STATE 136 COUN	TY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	130. STREET ADDRESS Druid	H. 11 Ale 21
amplete		H. Lynch, Sr. Edith	MIDDLE	Lee
inficate be execution physician and compapers. Pages 1 mayol.		WAR OR DATES)	ynch 2463 Druic	Fill Ave
equires that the death certificate in signed by the attending physicic Then please remove carbonopaper. In Buriol, cremation, ar removal. Injury, ar ather traumatic event, the	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER/	minal disease or condition given	N IN PART 1(a
ne law re na. has been permit. ene prior	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: ng phys certifica riol-tra frem 18	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUGUST AND AUGUST AUGUS	TH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	ET J OR PART 2)
ING PH r attent as the Ith and orked o	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITYORTOWN	COUNTY STATE
Spital spital list us of He	220.1 certify that (A) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	al) attended the deceased fram , 19 , and that in (my) (our) opinion) view the body after death.	death accurred on the date and hour	and from the causes stated
by the by the eral Discourse Discour	THE PHYSICIAN'S NAME (TYPEO)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
08 28 3	Allen Het	tleman Sinai	/t35,7,1 ta/	
BP	MEURIAL	2/9/83 Arbutus Mem. Pk.	Arbutus	county Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	Wm.C.March F/	H Inc.1101 E. North Ave	TE REC'D. BY REGISTRAR 256-REGISTR.	AR'S SIGNATURE







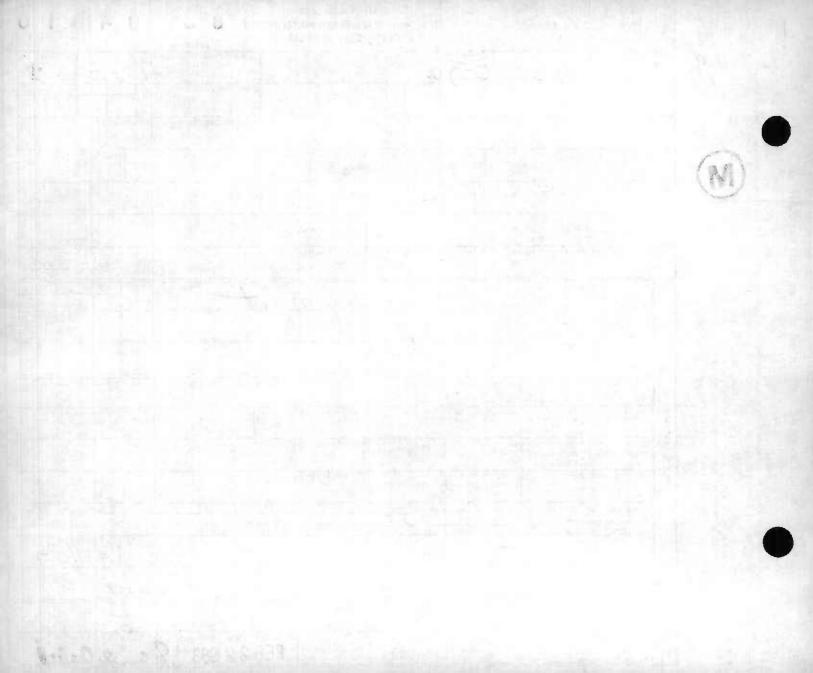
PLACE ADDRESS TRANSCE DESCRIPTION ROOD - 11 June 10 C2 | First - - Carlos Carl TABLES OF THE STATE OF THE STAT And the Decision of the Control of t THE SALE DELL DON'T SEE THE SALE OF THE SA This william to wonth out the country of the countr

3 1	FOR STATE REGISTRA	R		DEPART	MENT OF HE	OF MARYLAI ALTH AND M CATE OF DI	ENTAL HYG		S EG. NO.	0 4	0 0 8
- /	1. DECEASED NA	ME FIRST		MIDDLE	LA	ST .		20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
page 3	(TIPE OK PRINT)	RUF	JS	M	ABERY	, JR			02	2/23/83	4:54 ^P _M
mo)	3. SEX		4. RACE		5. DATE OF		VEAD	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA	
ge 4	Mal	е	В1	ack	12	31	63	1	9 y	RS.	, mile,
neral dir	70. BIRTHPLACE COUNTRY) New Y			WHAT COUNTRY?	8. MARRIED WIDOWED	□ NEVER M	ARRIED TO	9. BALTIMORE C	_	UNTY OF DEATH	MD.
The state of the s	BALTIMO			HOSPITAL, NURSIN THE FACILITY, GIVE STREET OHNS HOL	ADDRESS)	HOSPI		120. USUAL OCC (TYPE OF WORK FOR			OF BUSINESS OR
	Maryla		R OTHER INSTITUTION NTY	Baltim	ore		NO 🗆		_{RESS} Oakfo	ord Ave	.21215
ond 2 s	14. FATHER'S NAME FIRST Ruf		WIDDIE	Mabery	100	Sh	maiden na/	n	DDLE	Dar	den
Peges	160. WAS DECEAS (YES, NO OR UNK NO	SED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	244-15		Rev.			Sr.2	2812 Oal	kford Ave
is signed by the attending p Then please remove carboil to buriol, cremotion, or vem injury, or other troumatic eve	gave rise cause (a underlying PART 2. OT	if any, which to immediate the stating the	DUE TO, OI	R AS A CONSEOUE	NCE OF	OT RELATED 1	TO THE TERM		CONDITION	N GIVEN IN PART I	lia.
r permit.	19a. DATE O	F OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPSY	? 20b. I	IF YES, WERE FIND ERTIFYING CAUSE YES [
er this certificate to the burial-tronsit p and Mental Hygier ked or tem 18 sho	OR CONTRIBL	NT WAS UNDERLYING CHILD CAUSE OF DE NOTIFY MEDICAL EXAMINE COCURRED NOT WHILE AT WORK	ATH HOUR A. R) P. 21e. PLACE	M. MONTH DA	19	21c. HOW INJ 21f. LOCATION STREET			OF INJURY IN ITE	M 18 PART I OR PART 2}	STATE
TO FUNERAL DIRECTOR: After this should be detached for use as the buying the State Dept. of Health and MyMPORTANT: If them 21 is marked or	saw th above, 22b. SIGNA 22d. PHYSIC	y that (I) (this hasp e deceased alive or (I) (we) (did) (did no TURE	School View the bady Ache OR PRINT)			AT PI 220 ADDRESS	TENDING HYSICIAN		STAFF	7.1	that (I) (we) last the causes stated TE SIGNED 723/83
ē ⊭#3 ≥7 BP	(SPECIFY) BUR		3/2/8			metery or cr eteran		23d. LOCATIO Crown	» Svil:	le county	517Md.
MH - 16 50M 4/82	24. FUNERAL DIRE			ADDRESS					1 /	GISTRAR'S SIGNA	ATURE
OHMH - 16 50M 4/82		arch F/	H Inc 1	1101 F N	Jorth	A 37 O	FF		1 /	G. Q.	Colore

1.	FOR STATE REGISTRAR		ME	DICAL EXAMI			OF DEATH	REG.		-U U	9
	PECEASED NAA TYPE OR PRINT)	Thom	nas W	1111am		ichlinski		OF ESTI- DEATH MATED	0 2	20 19 83	26 HOUR
3. 51	M M	Caucas.	5. DATE OF BIRTH	1956 LAST BIRT	YEARS IF UN MONTH YRS.	DER 1 YR. IF UNDE		DATE DNOUNCED DEAD	монтн 2	20 19 83	2d HOUI 9 A
35	FOREIGN COUNTRY		7b. CITIZEN OF W		8 MARRIE WIDOW	ED NEVER MARE	CED C	Baltimore city	ore Ci		ME
8	CITY OR TOWN Balti	more	Univer	SPITAL, NURSING HO. ACILITY, GIVE STREET ADDRES SITY HOSPI	tal	er institution	120. USUAL FOR MOST Sa]	OCCUPATION (1 OF WORKING LIFE) Sman	TYPE OF WORK	OR INDUST	ISINESS RY
13a.	Md.	13b COUP		136 CITY OR TOWN Balto.	SSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗆		ADDRESS 1/	2 St.	212	24
		phen	Joseph	Machli			Ella	WIDDLE		ossi	C
	(YES, NO, OR UNKN		E WAR OR DATES)	213-76-8 e far (a), (b), and (c).)		Steven	Frank	Machl1		dy 231 S.	Gru
NOIL	PART 2 OTHER		(c)	R AS A CONSEQUENC	ERMINAL DISEASE		ART I a				,
CERTIFICATION	19a. DATE O	IAL CAUSE WAS	19b. COND	ITION FOR WHICH OP		AS PERFORMED?				20 AUTOPSY	NO []
MEDICAI CE	UNDERLYIN CONTRIBUT THE INJURY WHILE AT WORK ZJu. I cert death resu	G OR OR ING CAUSE OF OCCURRED AT WORK	DEATH B: 30 PA	MONTH DAY YE A. 1 27 19 OF INJURY (AFHOME (TORT, FARM, ETC.) STreet	83 SL 211 LOC 51	Ibject sho	nn Fal	ry OR TOWN S PKWY, Inquiry	Balti and in my api	more Ci	
2	EXAMINER'S	INT)		Smith, M.D		ADDRESS	II Peni	n St.	signei Balto.		0.5
	BURIAL, CREMA (SPECIFY) Bur1	ATION, REMOVAL	23b. DATE 2/23/83	23c. NAME OF C			23d. LOCA CITY OR TO	NWC	COUN	HTY SI	ATE
	FUNERAL DIRE		2/2)/0)		tanis	Laus	REC'D. BY RE	imore.	Md.	IGNATURE	

Sandline . Coulting Sugar, 7 Propiet 25 2 IFS-flant one show mayets file - 3 - 15 percental and percentage of the state of the South to sent in Sentation (25) 3 Constant of Fish E B65

/	1.	FOR STATE REGISTRAR	a E DEP.	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG, NO.	04010
oy be		CEASED NAME FIRST	14 RACE		ack	20 DATE OF DEATH MONT	4-83 103gm
ge 4 m ecto	J. 3E	Female	Black	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
death. Po		RTHPLACE ISTATE OF FOREIGN COUNTRY) S.C.	76 CITIZEN OF WHAT COUN USA	WIDOWE	The state of the s	Baltimore city or co Baltimo:	
# (M)24	Ba	altimore	11. NAME OF HOSPITAL, NU	ur Hosr		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
in 24 ho	13a. S	AL RESIDENCE (IF NURSING HOME O TATE MD ATHER'S NAME		IOWN IMore	13d INSIDE CITY LIMITS? YES YOU		ey Avenue 21223
makttanu ed within 24 ond 2 sheu conjunct	14. F7	Charlie	McBri McBri	de	A ¹ ice	WE	Amo's
S1., BALLIMORE, enficote be execut g physicion and co on papers. Pages I removal. event, the medical	16a \	VAS DECEASED EVER IN U.S. AF		32-030	17. INFORMANT Catherine	A. Reese 7	00 Kevin Road
es that the death and by the other and by the attending please remove carturial, cremation, or criter troumatic.	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONS	EQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1101
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law require attending physician. Wher this certificate has been signs as the burial-transit permit. Then thoold Mental Hygiene prior to backed or Item 18 shows any injury orked or Item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION		YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: TI ending physicia this certificate the buriol-transit and Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IFEITHER NOTIFY MEDICAL EXAMINE) 214. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21f LOCATION	RED (ENTER NATURE OF INJURY IN ITI	
ATTENDI or septrol or septrol or septrol or septrol or use of Heolin n 21 is m	ME	WHILE AT WORK 22a I certify that (1) this hasp sow the decease live on above (1) (we) (did (did no 27b SIGNATURE	INTO attended the deceosed from the body ofter death.	om <u>420</u>	d that in (my) (our) apinion of	city or lown	that (I) (we) last d hour and from the causes stated
O HOSPITAL OR to PUNERAL DIRE should be deroched with the Store Dept.		22d. PHYSICIAN'S NAME	Wer		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [Slevus Hos	2/21/12
BP	23a. E	Burial Burial	2/26/83		Cemetery OR CREMATORY	23d LOCATION CITY OF TOWN Sumter	COUNTY STATE CO. S.C.
DHMH - 16 50M 1/81 (VRA 15, 4)	24. FI	neral director . C. March F	ADDR		25a. DAT	E REC'D. BY REGISTRAR 25b. R	



The least a second of the seco 38 138 51 1 Collection of the Collection o THE PROPERTY OF THE STREET STREET District Process substitute Confessions STARY TA TENDERS & TO PARTY ve por marco de la compansión de la compansión de la compansión de la compansión de la compansión de la compan La compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compa SUA TREATMENT TO A LOST BOOK TAKEN OF LOST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH DECEASED NAME MIDOLE 2b HOUR (TYPE OR PRINT) 1983 Mary Ellen Mack February 22. S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) 3. SEX 4 RACE IF UNDER 1 YEAR June 20, 1916 DAYS 66 Female White BARTHPLACE STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, City U.S.A. Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3100 Saint Paul Street 21218 Serologist Provident Hospital Baltimore 13a. STATE 136 COUNTY 3100 St. Paul Street 21218 Maryland Baltimore YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MICDLE MIDDLE Shultz Nelson Frances August 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. "Mrs." Chrystine M. Lutz medico IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 19 Kitzbuhel Road, Parkton, Md. 21120 NO 18 CAUSE OF DEATH Enter only one cause perpline to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: 190 DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8

HOUR A.M. MONTH DAY YEAR OR CONTRIBI . CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify the (1) this hospital) attended the deceased from sow the deceased alive on (() All to obove. (I) (we) (did (did pa)) view the body ofter death and that if (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22g ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Feb. 25, 1983 Moreland Memorial Park | Baltimore. CountyMd

BP_

DHMH - 16 50M 1/76 (VR A 15 (4))

d

ö

MPORTANT

bei

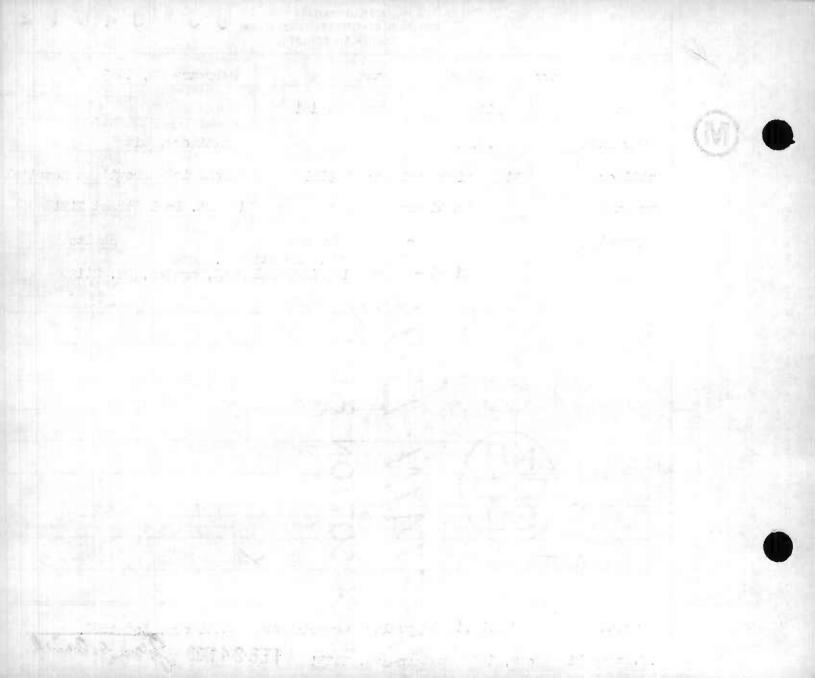
buriol-tronsit

74 FUNERAL DIRECTOR
NAME

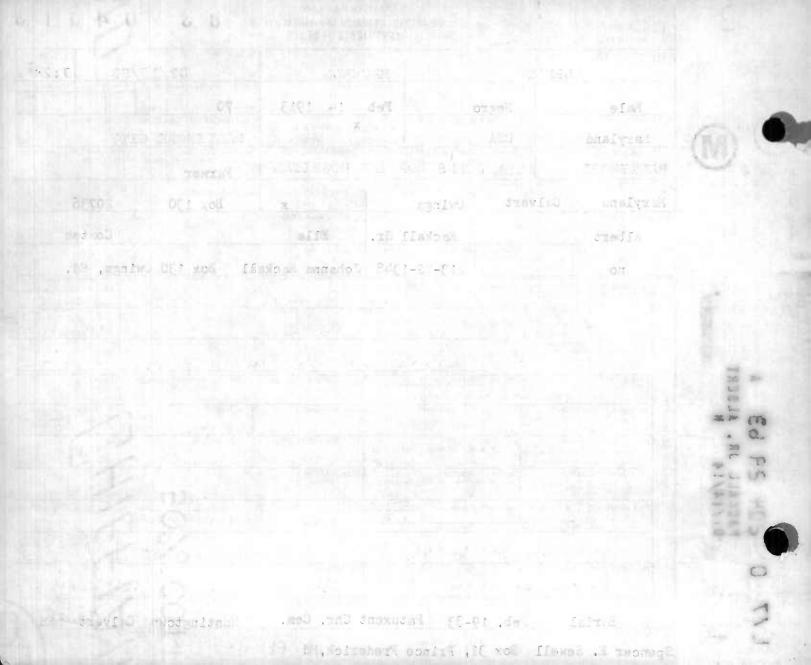
M.F. Sadowski & Sons. 1808 Eastern Ave. 21231

250 DATE REC'D. BY REG

EGISTRAR'S SIGN TURE



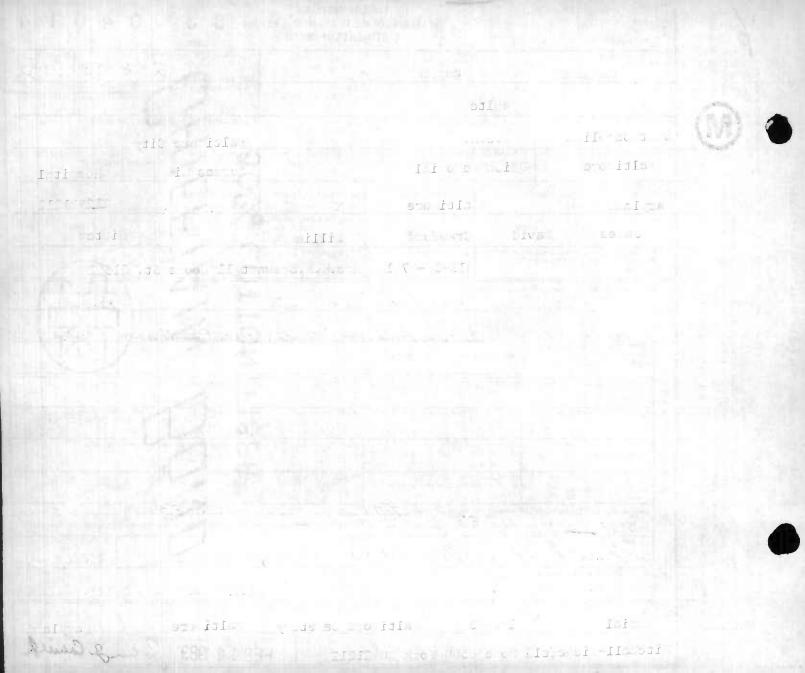
om 2 should be filled in by on 2 should be filled in by on 2 should be filled in by on 2 should be no 1970.	FATHER'S NAME FIRST Albert WAS DECEASED EVER IN U.S.	A RACE Negro 7b. CITIZEN OF USA 11. NAME OF I (IF NOT IN SUC THE J IE OR OTHER INSTITUTION DUNTY MIDDLE ARMED FORCES?	HOSPITAL, NURSING HACHITY GIVE STREET OHNS HO GIVE RESIDENCE BEFORE 13c. CITY OR TOWN OWINGS LAST	8. MARRIED DA NARRIED	1 YEAR 14 1913 REVER MARRIED DIVORCED DER INSTITUTION OSPITAL ISIDE CITY LIMITS?	6. AGE (IN YEARS LAST BIRTHDAY) 70 9. BALTIMORE CITY OR COL BALTIMORE 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Farmer 130. STREET ADDRESS	IF UNDER I YEAR MONTHS DAYS VRS. UNITY OF DEATH CITY 12b. KIND OF	7:2
10.00 By Sould be filed in by Sould be filed in by Sould be filed in by Sould be filed in by Sould be incompletely filled in by Sould be incompletely filled in by Sould by So	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOM O, STATE Maryland FATHER'S NAME FIRST Albert I, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	76. CITIZEN OF USA 11. NAME OF I (IF NOT IN SUE THE J LE OR OTHER INSTITUTION, DUNTY MIDDLE ARMED FORCES?	HOSPITAL, NURSING HACHITY GIVE STREET OHNS HO GIVE RESIDENCE BEFORE 13c. CITY OR TOWN OWINGS LAST	8. MARRIED EN WIDOWED GHOME OR OTH DRIESSINS H	LEVER MARRIED DIVORCED DER INSTITUTION OSPITAL ISIDE CITY LIMITS?	9. BALTIMORE CITY OR COL BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Farmer 130. STREET ADDRESS	CITY 12b. KIND OF	
ond 2 should be filed in by ond 2 should be filed in by a specific filed in by one of the property of the prop	Maryland CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOM 0, STATE 13b. CC Maryland FATHER'S NAME FIRST Albert 1, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	USA 11. NAME OF I (IF NOT IN SUC THE J (E OR OTHER INSTITUTION DUNTY AND LE ARMED FORCES?	HOSPITAL, NURSING HACKETY GIVE STREET OHNS HO GIVE RESIDENCE BEFORE 131. CITY OR TOWN OWINGS LAST	WIDOWED GHOME OR OTH DORESSINS H	DIVORCED ER INSTITUTION OSPITAL USIDE CITY LIMITS?	BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Farner 130. STREET ADDRESS	CITY 12b. KIND OF	BUSINE
mpletely filled in by ond 2 should be file on a symine must be not a symine must be no a symine must be no a symine must be not a symine must	BALTIMORE SUAL RESIDENCE (IF NURSING HOM 0. STATE Maryland FATHER'S NAME FIRST Albert 1. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	LE OR OTHER INSTITUTION. DUNTY LIVERT MIDDLE ARMED FORCES?	OHNS HO	PKINS H	OSPITAL SIDE CITY LIMITS?	Tarmer Farmer 13e. STREET ADDRESS		BUSINE
ond 2 should b	FATHER'S NAME FIRST A) bert I, WAS DECEASED EVER IN U.S. (YES, NO ORUNKNOWN) (IF YES)	ARMED FORCES?	Owings LAST	YES				
O Per O and 2	Albert NAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?		15 MC		Box 130	20736	
John and Company of the medical company of th	(YES, NO OR UNKNOWN) (IF YES		Mackal]	Sr.	THER'S MAIDEN NAME FIRST	MIDDLE	Coate	5
hyperical pages of the state of		, GIVE WAR OR DATES)	213-22-1		formant nanna Macki	ADDRESS All Box 130	Owings, Md	•
One had been the placest common of the placest common of the placest common of the placest common of the placest common of the placest common of the placest common of the placest common of the placest common of the placest		DUE TO, O		State C EATH BUT NOT R	18/15/15	INAL DISEASE OR CONDITION		SS USED
(th control thysical thysical thysical thysical thysical thysical thysical thysical thysical distriction to the second the second to the second thysical thysical thysical thysical thysical thysical thysical thysical th	OR CONTRACTOR CHIEF OF	HOUR A.	OF INJURY M. MONTH DA M. OF INJURY	Y YEAR 19 211 L	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		
TO FUNERAL DIRECTORY OF TO FORM TO FOR	while NOT WHILE AT WORK 220.1 certify the More to the saw the deceased alive above, (1) (we) (did did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	ospital) attended the an US Red and the body	after death.	and that DEGRE	ir(my) (aur) apinion o	death accurred on the date an	19 th	ouses sto



	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	0 4 0	1
	DECEASED NAME FIRST	WIDDLE	LAS	Ī	20. DATE OF DEATH		HOUR
	MARGARET	yaughn	MADDO	X		2-6-83	12
3.5	SEX	4. RACE	5 DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	HDAT)	INDER 2
	FEMALE	White	4	25 16	66	YRS	
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8.	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF DEATH	
S	outh@arolina	U.S.A.	WIDOWED		Baltimore	City	
10.	CITY OR TOWN OF DEATH Baltimore	Union Memoria		OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Nurses Ai	F WORKING LIFE) INDUSTRY	
130	SUAL RESIDENCE (IF NURSING HOME O a. STATE 136 COU [aryland]	ROTHER INSTITUTION, GIVE RESIDENCE BE INTY 13c CITY OR TO Baltimon	OWN 1	36 INSIDE CITY LIMITS?	13e. STREET ADDRESS	Avenue XXXX 21	212
-	FATHER'S NAME			5 MOTHER'S MAIDEN NA	ME		
90		avid Crawfor	rd	Lillie	MIDDLE	Minter	
9 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRE	SS	
00/	(YES, NO OR UNKNOWN) (IF YES, GI	413-36-	-0761	Mrs.W.M.Srewa	art 11 Boone	e St. 21502	
_		DUE TO, OR AS A CONSE	QUENCE OF			V	
CATION		CONDITIONS CONTRIBUTING 1	TO DEATH BUT N		200 AUTOPSY?	DITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	USED
STIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	TO DEATH BUT N	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \ N	DEAT
em 16 shows any injury, or oth	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTENTIAL OF OLD STATE OF DEPT.	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	TO DEATH BUT N		200 AUTOPSY?	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \ N	DEAT
rked or Item 18 shows any injury, or oth	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTENTIAL OF OLD STATE OF DEPT.	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	TO DEATH BUT N ICH OPERATION DAY YEAR 19	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES N RY IN ITEM 18, PART 1 OR PART 2)	DEAT IO
#2	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasps saw the deceased alive of the same CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR THE CONTRIBUTION	TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE, FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET , 19	20a AUTOPSY? YES NO CENTER NATURE OF INJUING CITY OR TOWN	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES NRY IN ITEM 18, PART 1 OR PART 2)	DEAT ST.	
#2	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasps saw the deceased alive of the same CONDITIONS CONTRIBUTING TO THE CONDITION OF THE CONDITION	TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE, FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET , 19	20a AUTOPSY? YES NO CENTER NATURE OF INJUING CITY OR TOWN	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES NRY IN ITEM 18, PART 1 OR PART 2) WN COUNTY 3 , 19 , that	ST/	
#2	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22d. I certify that (I) (this hass sow the deceaded alive of obove 1) considered I did on	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR THE CONTRIBUTION	TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE, FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET , 19 that in (my) (and) opinion EGREE	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOV , to 400	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NRY IN ITEM 18, PART 1 OR PART 2) WN COUNTY 3 19 that ote and hour and from the couse of th	ST/
ANT If hem 21 is marked or hem 1	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22d. I certify that (I) (this hass sow the deceaded alive of obove 1) considered I did on	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI LONG TO THE CONTRIBUTION FOR WHI LONG TO THE CONTRIBUTION FOR THE CONTRIBUTION OF THE	DAY YEAR 19 10ce, FARM, ETC.) 10m J. J.	WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET , 19 that in (my) (***) opinion	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOV , to 400	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NRY IN ITEM 18, PART 1 OR PART 2) WN COUNTY 3 19 that ote and hour and from the couse of th	ST/
ANT If hem 21 is marked or hem 1	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFEITHER, NOTIFY MEDICAL EXAMINE) 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hasp sow the deceased alive of obove (I) (model and I) (did in 220. I service of the company of the deceased of the company of the comp	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI LONG TO THE CONTRIBUTION FOR WHI LONG TO THE CONTRIBUTION FOR THE CONTRIBUTION OF THE	DAY YEAR 19 10ce, FARM, ETC.) 10m J. J.	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET , 19 Lhot in (my) (acre) opinion EGREE ATTENDING PHYSICIAN 22e. ADDRESS	20a AUTOPSY? YES NO CITY OR TOV CITY OR TOV A to STAIL MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NRY IN ITEM 18, PART 1 OR PART 2) WN COUNTY 3 19 that ote and hour and from the couse of th	ST/
MPORTANT: If Nem 21 is marked or flem 1	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFETHER, NOTET MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this has, sow the deceased alive or obove 1) (which is defined) 270. See A. R. E. 271. PHYSICIAN'S NAME (WEEL 172. PHYSICIAN'S NAME (WEEL 173. PHYSICIAN'S NAME (WEEL 174. PHYSICIAN'S NAME (WEEL 175. PHYSICIAN'S NAME (WEEL 176. PHYSICIAN'S NAME (WEEL 177. PHYSI	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI LINE OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE, FARM, ETC.) Om. 7-7 9, ond	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET , 19 Lhot in (my) (acre) opinion EGREE ATTENDING PHYSICIAN 22e. ADDRESS	20a AUTOPSY? YES NO CITY OR TOV CITY OR TOV A to STAIL MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	ST/
MPORTANT: If Nem 21 is marked or flem 1	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFETHER, NOTHER MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOTWHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive o obove (I) (in a bidle) (did in 170. Seen I LEE	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI LINE OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 1CE, FARM. ETC.) 19 100 100 100 100 100 100 100 100 100	WAS PERFORMED 216. HOW INJURY OCCURION 216. LOCATION STREET 19 1 that in (my) (cor) opinion EGREE ATTENDING PHYSICIAN 22e ADDRESS 7600 Osler METERY OR CREMATORY THE COMMETTERY THE COMM	20a AUTOPSY? YES NO CENTER NATURE OF INJUINATION TOWN AMEDICAL STALE Drive Suite 23d. LOCATION CITY OR TOWN Baltimore	28b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES NOT IN TEM 18, PART 1 OR PART 2) NO COUNTY 27. DATE SIGNANN 27. A SIG	ST (1) (V Sees store NED 3

2-9-83 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York Rd 21212

DHMH - 16 25M (VR A 15 (4)) 1/24



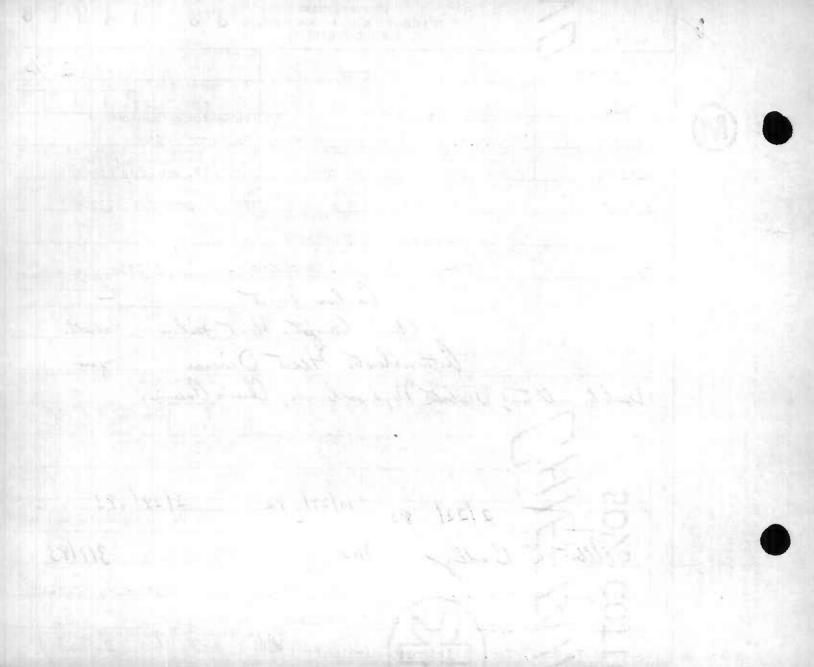
10	#16b, FilmG576 FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
noy be poge 3	1. DECEASED NAME FIRST JOHN	I.	MAGROGAN	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR P FEBRUARY 18, 1983 8:33 _M
ge 4 may ector, pag urs after d	3. SEX Male	4 RACE White	5. DATE OF BIRTH MONTH 2 3 YEAR 32	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN.
deoth. Po	O BIRTHPLACE I STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
by the fu	BALTIMORE	THE JOHNS H	OPKINS HOSPITAL	Production Production Manager 12b. Kind of Business or Industricubber Millers, Inc.
24 hou		JNTY 13c. CITY OR	thorpe 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1801 Woodside Avenue 21227
P 11 050	14. FATHER'S NAME Randalph		Magrogan Louise	MIDDLE LAST Bildstein
Pope execu	16a. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Unknown	GIVE WAR OR DATES)	SECURITY NO 17 INFORMANT 28 = 6220 Ann E. Magro	gan 1801 Woodside Ave. 21227 APPROXIMATE INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours r attending physician. Wher this certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the death of the physician and certificate has been signed by the physician and certificate has been signed by the physician and certificate has been signed by the physician and certificate has been signed by the physician and certificate has been signed by the physician and certificate has been signed by the physician and certificate has been signed by the	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	ONLY ONE COUSE PER line for (g), (SED BY: ATE CAUSE (a) CANDUA DUE TO, OR AS A CONS (b) S S S DUE TO, OR AS A CONS (c) CANDUA TO CONDITIONS CONTRIBUTING	SEQUENCE OF Salur, renal for sequence of myslogenous le	ailenel, cardine de mesessorin 12 hr whemia 8 mo
TAL RECOR	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO NO NO NO NO NO NO NO NO NO NO NO
OF VITAL R	an an an array of the first of the	DEATH HOUR A.M. MONTH	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF TTENDING PHYSICIA pital or attending p TOR. After this certif for use as the burial- of Health and Mental of Health and Mental	OR CONTINUOUS CAUSE OF E	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
pital a pital	saw the deceased alive	pital) attended the deceased in an analysis of the bady after death.	_198, and that in (my) (aur) apinian	2, to 2/18, that (I) (we) last death accurred an the date and hour and from the causes stated
SPITAL OR A 3 by the hos NERAL DIREC be detoched e Store Dept. TANT: If them	226 SIGNATURE	Loberson	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 2 18 183
TO HOSPITAL OR A retoined by the hos should be detoched with the Stote Dept.	22d PHYSICIAN'S NAME (TYPE ROSE Chri	stopherson	Johns Hope	in Hop-601 N. Broadway - Balts.
BP	230. BURIAL, CREMATION, REMOVE (SPECIFY) Burial	23b. DATE 2/21/83	23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemeter	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Hubbard Funeral	Home, Inc. 410	DRESS 21229	TE REC'D. BY REGISTRAR 25 LYREGISTRAR'S SIGNATURE

Section 1 Control 1 Et als the state of the state of Contract of the second of the of the second of And the state of t

Eliza in alega X te comment of the second of th AND THE PARTY OF T

A literophile was leginger James Thombury o'c

(VRA 15, 4)



(VRA 15, 4)

STATE

17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDILISIRY Telephone Oprl Bank 13e STREET ADDRES Reisterstown, Md. 106 Caraway Rd, Apt 1 B #21136 unknown 212-03-3674 Thomas J. Mann, same as above APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DAYE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 50 Scott Adam Road ockersville Maryland STATE Burial 2/4/83 Holv Redeemer Cem. Baltimore, Md 24 FUNERAL DIRECTOR Schimunek Funeral Home, 3331 Brehms Lane FFR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER 1 YEAR

2b. HOUR

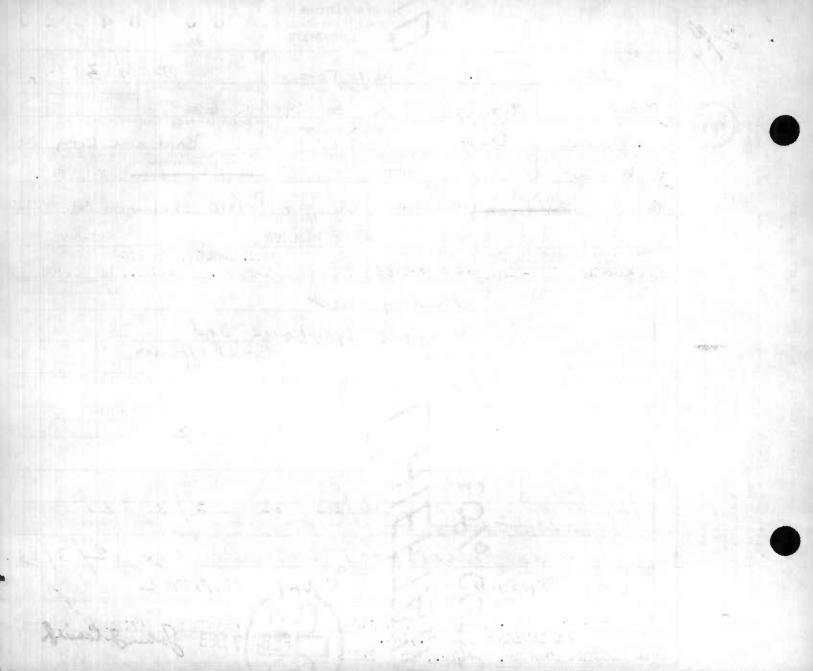
1:30

IF UNDER 24 HRS

DHMH - 16 50M 4/B2

THE CONTRACT OF THE PERSON OF Masiyas a pili verye vi Million of the design of the Alberta Company of the Alberta Company of the Compan

15 MOTHER'S MAIDEN NAME MAIDLE MANSTOF MANSTOF REBECCA FRIEDMAN	241	FOR - STATE	DEPARTA	STATE OF MARTLAND	GIENE 8 3 0	4020
3. SEX 1. RACE S. DATE OF BIRTH S. DATE OF BIRTHH S. DATE OF B	16					(write I a many
SEX		E OR PRINT)				100
THE WINTER CAUSE OF DATE OF CONTRIBUTION OF BUSINESS OR WAS STATE OR FOR THE SUMMER CITY OR COUNTY OF DEATH WINDWED DIVORCED DIV	3 50					- 13 m
BRITHPLACE STATE OR POPEIGH TO COUNTY TO COUNTY OF DEATH				MONTH DAY YEAR	MO	
W. VIRGINIA	12.76	RTHPLACE STATE OR FOREIGN		1		FDEATH
18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. PATCH DAY OR PUSINESS OR HOSPITAL 12. PATCH ACRITY, ONE PRISE ADDRESS OR HOSPITAL 13. STARE TADRESS OR HOSPITAL 13. STARET ADDRESS 13. STARE	20		USA		Raltino	re City MD.
HOSPITAL JULY LIKESTONIANE JULY CONTRIBUTION OF HIS DEPOCH E PROPERTY OF THE	10.0	ITY OR TOWN OF DEATH				12b. KIND OF BUSINESS OR
13a. STATE 13b APTIMORE 13c. CITY OR TOWN BALTIMORE 13d. INSIDE CITY LIBRARY 13e. STREET ADDRESS	43	saltimore	Sinai HO	SPITAL		
15 MOTHER'S MAIDEN NAME MAIDLE MANSTOF MANSTOF REBECCA FRIEDMAN 166 WASPECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. BERNICE MANSTOF 17 INFORMANT MRS. BERNICE MANSTOF MILE OF LIVE OF MASS A CONSEQUENCE OF MANSTOF MILE OF LIVE OF LIVE OF MANSTOF M	7 13a.	STATE 136BAU	MITMODE 136 CITY OR TOW	13d. INSIDE CITY LIMITS?		1 #010
SAMUEL MANSTOF REBECCA FRIEDMAN 166 WASTOCEASED EVER IN U.S. ARMED FORCES? 167 WEST AND RUMKNOWN) WWII—ARMY 167 YES, GIVE WAR OR DATES) WWII—ARMY 168 CAUSE OF DEATH (Enter only one couse per line for Io), (b), and Ic.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO 198 DATE OF OPERATION 199 DATE OF OPERATION 199 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO 191 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CAUSE O	10000		BALTIMO			ood Rd1 #2121
166 WASTERCEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. BERNTCE'S MANSTOF 167 SC, GIVE WAR OR DATES) 167 SC, GIVE WAR OR DATES) 168 SOCIAL SECURITY NO. 167 SC, GIVE WAR OR DATES) 168 SOCIAL SECURITY NO. 167 SC, GIVE WAR OR DATES) 168 SOCIAL SECURITY NO. 167 SC, GIVE WAR OR DATES) 168 SOCIAL SECURITY NO. 167 SC, GIVE WAR OR DATES) 168 SOCIAL SECURITY NO. 169 SC, GIVE WAR OR DATES) 169 SOCIAL SECURITY NO. 169 SC, GIVE WAR OR DATES) 169 SOCIAL SECURITY NO. 169 SC, GIVE WAR OR DATES) 169 SOCIAL SECURITY NO. 169 SC, GIVE WAR OR DATES) 169 SOCIAL SECURITY NO. 169 SC, GIVE WAR OR DATES) 169 SOCIAL SECURITY NO. 169 SC, GIVE WAR OR DATES) 169 SC, GIVE WAR OR	21	FIRST		FIRST	MIDDLE	EDTEDMAN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: 20	16a					
18. CAUSE OF DEATH (Enter only one couse per line for Io), (b), and Ici.) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse Io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 2116. INJURY OCCURRED 2117. INJURY OCCURRED 2118. INJURY			T-ARMY 233-18-			
PART 1. DEATH WAS CAUSED BY: 2028 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFYING CAUSES OF DEATH? YES		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and		VOOD RD4 BITETO	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICANT OF THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIF		PART I. DEATH WAS CAUSE	ED BY: Rosain	4 . 1		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO NETTIFYING CAUSES OF DEATH? YES NO NO NOTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 210. INJURY OCCURRED 210 PLACE OF INJURY 121 LOCATION STREET CITY OR TOWN COUNTY STATE				NCE OF	0	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO NETTIFYING CAUSES OF DEATH? YES NO NO NOTES NO NO NO NOTES NO NO NO NO NOTES NO NO NO NO NOTES NO NO NO NO NO NO NO NO NO NO NO NO NO			(16) Recur	ent lymphon	ia and	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO NETTIFYING CAUSES OF DEATH? YES NO NO NOTES NO NO NO NOTES NO NO NO NO NOTES NO NO NO NO NOTES NO NO NO NO NO NO NO NO NO NO NO NO NO		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	Course effusion	A THE WAY
190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 2 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING A.M. MONTH DAY YEAR P.M. 19 210. INJURY OCCURRED 2110. INJURY OCCURRED 2110. INJURY OCCURRED 2111. LOCATION STREET CITY OR TOWN COUNTY STATE			(c)			
OR CONTRIBUTING CAUSE OF DEATH	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	IN PART 110
OR CONTRIBUTING CAUSE OF DEATH	7 B	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		
OR CONTRIBUTING CAUSE OF DEATH	A E					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET EACTORY OFFICE FARM FIG.) STREET CITY OR TOWN COUNTY STATE	W W			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	(I OR PART 2)
216 PLACE OF INJURY [14] HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE	7 18		AIR			
	ä				CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE				
22a. certify that (If (this haspital) attended the deceased from 12/23, 1982, to 3.1983, that (III (we) last	×	220.1 certify that (M) (this hasp	0 / 2	12/23 19 8	Z, to 3 19	
220. I certify that (If (this hospital) attended the deceased from 12/23, 19-82, to 33-19-83, that Ur (we) last saw the deceased alive an 2-3-19-83, and that in (my) (por) opinion death accurred an the date and haur and from the causes stated above, (I) (we) third that not view the body after death.	×	220. I certify that M (this hasp	2/3 198	12/23, 19 8 3 , and that in (my) (007) opinia	2, to 3 19	
saw the deceased alive an 2 3 19 8 3 , and that in (my) (par) opinion death accurred an the date and haur and from the causes stated above, (I) (we) 4 drd) talia not) view the body after death. 226. DATE SIGNATURE 220. DATE SIGNED	×	220. I certify that (V) (this hasp saw the deceased alive ar above, (I) (we) (drd) (drd no	2/3 198	DEGREE		and from the couses stated
sow the deceased alive an 2 3 19 8 3 , and that in (my) (por) apinion death accurred an the date and haur and from the causes stated above, (1) (mg) (drid) (drid not) view the body after death. 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3 / 83	ξ	220. I certify that (If (this hosp saw the deceased alive or above, (I) (we) (drd) (drd) (drd) (22b. SIGNATURE	of view the body offer death.	DEGREE M. B. IS S ATTENDING PHYSICIAN	MEDICAL STAFF	and from the couses stated
sow the deceased alive an 2 3 19 8 3 , and that in (my) (por) apinion death accurred an the date and haur and from the causes stated above, (I) (mg) (drid) (drid not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/83 22d. PHYSICIAN'S NAME (TYPE OR PRINT)		220. I certify that (If (this hosp saw the deceased alive or above, (I) (we) (drd) (drd) in 22b. SIGNATURE 22d. PHYSICIAN'S NAME 1796.	on 2 3 19 8 oil view the body ofter death. Let Basad OR PRINT)	DEGREE M. B. IS ATTENDING PHYSICIAN 1226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the couses stated
sow the deceased alive an 2/3 19 83, and that in (my) (por) opinion death accurred an the date and haur and from the causes stated above, (1) (we) 4 drd tale not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/83 22d. PHYSICIAN'S NAME (TYPE OR PRINT) UMA PRASAD SINA/ NOSPITAL	1	220. I certify that (If (this hosp saw the deceased alive are above, (I) (we) 4 drd) tala in 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE UMA PK	of view the body ofter death. The Based OR PRINT! CASAD	DEGREE M. B. IS S ATTENDING PHYSICIAN 27e. ADDRESS SINA (MEDICAL STAFF DIRECTOR PHYSICIAN X MOSPITAL	and from the couses stated
sow the deceased alive an 2/3 19 83, and that in (my) (por) opinion death accurred an the date and hour and from the causes stated above, (1) (we) 4 drd ratio not) view the body after death. DEGREE DEGREE 220 DATE SIGNED 220 DATE SIGNE	WORLANI: IF THEM 2.1 IS MOTHER	220. I certify that (If (this hosp saw the deceased alive or above, (I) (we) and ration in 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE. UMA PK BURIAL, CREMATION, REMOVAL	DE PRINTI CASAD 10 SE DEGREE M. B. IS ATTENDING PHYSICIAN 120. ADDRESS SINA NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN MOSPITAL 23d LOCATION CITYORTOWN	22t. DATE SIGNED 22t. DATE SIGNED COUNTY STATE	
sow the deceased alive an 2 3 19 83, and that in (my) (por) opinion death accurred an the date and hour and from the causes stated above, (1) (we) 4 drd) taid not) view the body after death. 226. DATE SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	IMPORTANT: If feem 2.1 is morke	220. I certify that (If (this hosp saw the deceased alive or above, (It (we) 4 drd) rate in 122b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE UMA BURIAL, CREMATION, REMOVAL (SPECHY) BURIAL	DOI VIEW the body ofter death. CASAD 1 23b. DATE FEB. 4, 1983 B 23c. N	DEGREE M. B. IS ATTENDING PHYSICIAN 226. ADDRESS SINA NAME OF CEMETERY OR CREMATORY ETH JACOB	MEDICAL STAFF DIRECTOR PHYSICIAN MOSPITA L 23d LOCATION CITYOFTOWN FINKSBUR CA	22t. DATE SIGNED 22t. DATE SIGNED COUNTY STATE



FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

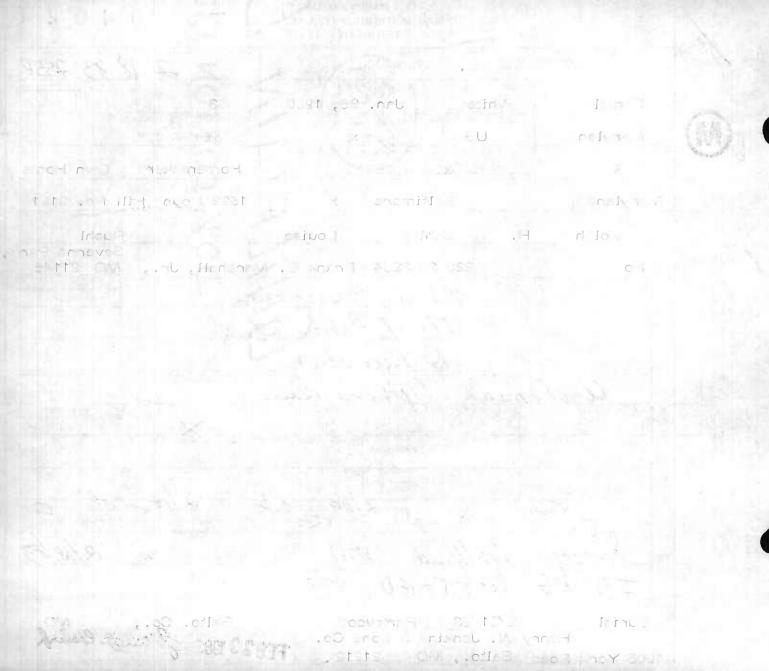
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The second was a second with the second to t Balamana Fathinore Ciry Hospirals Distribut Chery Mills 1820 1801 - 184 Mills 18 Friest Warble Takuowit NO SOLD PRIESTED TO SECURE SEC M. J. C. Consulper on the Consulper of t THE PROPERTY OF THE PROPERTY OF THE PARTY OF Entral 22 83 Estimore Coan Extinore 102. Mind y with the safe Colored FEB 3 883 Here of Carried

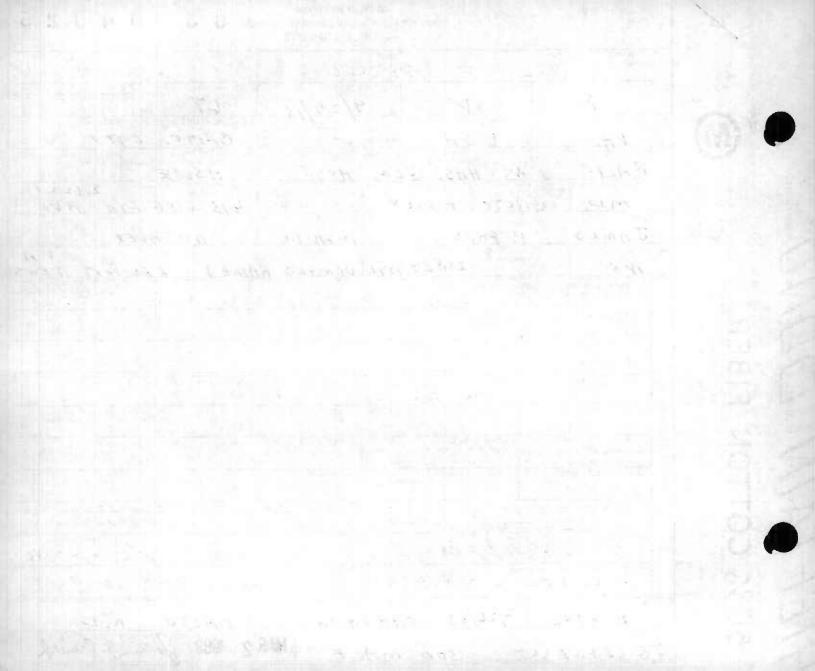
(VRA 15, 4)

en a company of the c ASCIA . ev. about 1 . I The E. X | annel 1 as The Time of the second of the .b. follow, out Late stocker to some 2018 E. Gell throwers a street

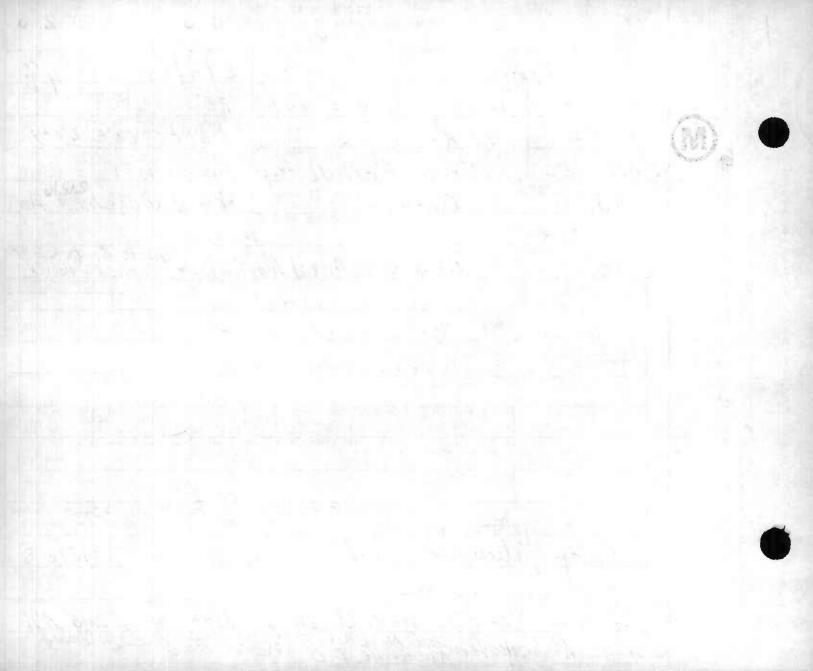
'r'no n on no r The state of the s THE PROPERTY OF THE PARTY OF TH uricl 2/22/3 clir enorial ar elir, arform o. ur se uneral • e 3631 alle 6, 21211



18	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.	1 4 0 2 5
moy be poge 3		CEASED NAME FIRST OR PRINT) DORA	RACE . S. DATE OF BIRTH	DAY YEAR 26 HOUR 23 1983 6 5 5 A
off Pools 1	7o. B	RTHPLACE STATE OF FOREIGN 71	MONTHY 29/5 67 YRS. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTO. COUNTRY OF COUNT	MONTHS DAYS HOURS MIN.
by its ofter de		BALTO.	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WE HAS 5. LEW, HOS!	17b. KIND OF BUSINESS OR INDUSTRY
within 24 ho letely fille d 2 should miner mu	30.	THER'S NAME	Y 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO DY 4/5 VIR 5/10 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	VIA AVE
n and camp Pages I an		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 32874 COCCS -	WRORT NEWS
vires that the death certificate liganed by the attending physicic en please remove carbon popers burial, cremotion, or removol.	Z	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 AUGUS
N: The law requivision. reate has been si rensit permit. The Hygiene prior to 18 shaws ony inju	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
uG PHYSICIAN: ottending phys ter this certifica ss the buriol-tro h ond Mentol H) rked or tem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	The same of the sa	COUNTY STATE
OR ATTENDIA he hospital or DIRECTOR: Af oached for use o Dept of Health		220.1 certify that (1) (this hospital sow the deceased alive an above. (1) (we) (did) (did not) 22b. SIGNATURE	e/e3 19 F3 and that in (my) (our) opinion death accurred on the date and ha	, 19 83, that (I) (we) lost our and from the couses stated
TO HOSPITAL of retained by the retained by the TO FUNERAL I should be detoo with the Stote I IMPORTANT: If		224 PHYSICIAN'S NAME (TYPE ORP	PHYSICIAN DIRECTOR PHYSICIAN PHYSICI	HESP.
BP	1	SPECIFY) BURIAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STY OF TOWN BALTO.	M P STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	J.	INERAL DIRECTOR S. CONNELL	ADDRESS MAR O 1002	TRAR'S SIGNATURE.



	1			STATE OF MARYLAND	43 - 13	es 3	(2 (2)
	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		0 4	026
	1 DE	CEASED NIAME SIRST	MIDDLE	LAST	REG. No.		YEAR 2b HOUR
r death	(TYPE	CEASED NAME OR PRINT) Ja	mie	Martin	2/4/8	83	1100 4
sctor, po	3 SE	Female	B/ACK	5. DATE OF BIRTH AUG. 5 DAY 18 4 3	6 AGE (WYEARS LANT BIRT	HDAY) IF UNDER	RIYEAR IF INDER 24 HRS DAYS HOURS MIN
M		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED			
1	10 C	Altimore	11. NAME OF HOSPITAL, NUR!	ING HOME OR OTHER INSTITUTION		F WORKING LIFE IND!	KIND OF BUSINESS OR USTRY
A PO	13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	TY IBC DITY OF TO	ORE ADMISSION) 13d. INSIDE CITY LIMITS MOVO: YES NO	1 .	Duker	1212/6 Aug
and 2 shows	14 F/	ATHER'S NAME FIRST	AIDDLE LAST	15 MOTHER'S MAIDEN	Un K. MIDDLE	y any on	1AST
Pages 1 g	160 \	VAS DECEASED EVER IN U.S. ARA YES, NO QUUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE WAR OR DATES) 127-22	CURITY NO. 17 INFORMANT	Martin (SON)	Rearney	Box 390 Sville WY
g physicio onpapers emovol. event, the		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED IMMEDIATION	y ane cause per line far (o), (b), BY: E CAUSE (a)	diac and	st	86	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ottendin ove corb ition, or r coumotic		3/09 Canditions, if any, which	DUE TO, OR AS A CONSECUTION (b)	white a	Icer		
d by the ease rem al, crema		gave rise to immediate couse (o), stoting the underlying couse last	DUE TO, OR AS A CONSECUTION OF A	we brain	Syndrome		
Then pluted to burner of the plute of the pl	N O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING I	ODEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a)
nsit permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
his certificate he burial-transit p Amental Hygien or Item 18 show		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P.	ART 2)
After this e os the bu alth and M marked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	vn coun	NTY STATE
TOR: or us of He		220.1 certify tha (1) this hospit saw the deceosed alive an obove, (1) (we) (did) (did not	Dec 19	, and that in (my) (aur) apin	nian death occurred on the de	te and have and fro	, that (I) (we) lost am the couses stated
RAL DIRECT		22b. SIGNATURE	teluen	DEGREE ATTENDIN PHYSICIA	MEDICAL STAP	F _ 2	2/5/83
TO FUNERAL should be det with the State IMPORTANT:		22d. PHYSICIAN'S N. ME (TY) OR	bre manan	22e ADDRESS			
)	230. E	BURIAL CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 23 1	HAITI CEMETERY OR CREMATO	ORY 23d. WOATION -	le Ma	olg Mid
I - 16 50M 1/76 R A 15 (4))	24/F	NERAL DIRECTOR PO	routen 256	N. WASh. ST. 18	FR 1 0 1983	PEGISTRAM SI	thavely

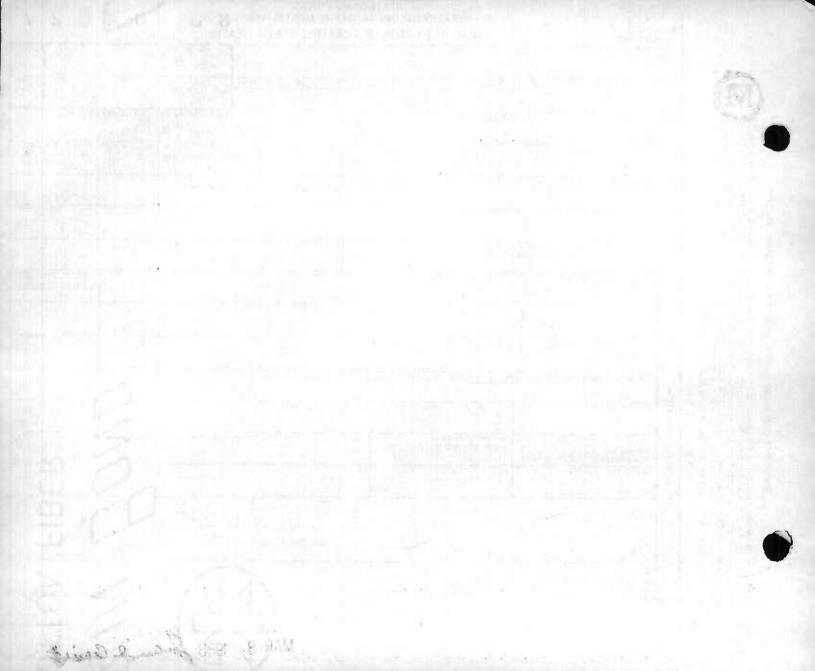


1								ARYLAN			n 2	0	A	25 29	19
5	1-	FOR STATE				MENT OF				-	ن	U	4	0 2	
		REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	ZAMIN	ER 3	LAST	CATEO		DATE KNO	REG. NO.	MONTH	DAY YEAR	2b HOUR
	(TYF	E OR PRINT)	Brian	n A	11an		Ma	atthew	IS		OF ES	211- 71	2	18 19 83	3 M
3 <u>s</u>	3. SE	(RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE.	TO LIN		IF UNDER 2		DATE		HTMON	DAY YEAR	20. 110 011
		ale	White	9 24	61	21	RS.	DATS	HOURS		DEAD		2	18 19 83	8:45A
20	FC	RTHPLACE (STA	ATÉ OR	76. CITIZEN OF WH		TRY?			VER MARRIE	ED E		-		OF DEATH	
2		aryland	OF DEATH	U.S.A		SING HOME	WIDOW		DIVORCE		Balti OCCUPATI	more		Zb. KIND OF E	MD.
8		Baltin	more	not in such fac Unive	rsit	y Hosp	ital	EK INSTITO		Truck	TOF WORKING	rer	D	anton ussell	18 Y
1	13a. S	TATE TATE aryland	DW. COUN.	ROTHER INSTITUTION, GIV Arundel	13. CITY Ode:	OR TOWN nton	ON)	13d. INSIDE (I	NO A	13e. STREET	ADDRESS Oden	nton R	load	21113	3
-	14. F/	ATHER'S NAME		MIDDLE		LAST		15 MOTHE	ER'S MAIDEN	NNAME	WIDDIE		24		
36	1	Anthony		M .		Matthe		1/1/2011	erald:	ine		DDDECC		Lang	3
2	16a. V	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. ARA			-82-28		Antho		Mattl		.133 O	dent	1113 on Rd.	
			DEATH (Enter and	y ane cause per line				5000		V.		11.70		APPROXIM/ BETWEEN ON	ATE INTERVAL SET AND DEATH
		951		E CAUSE (o) GL		woun		nead			(rifl	e)			
KEMICA		Condition	s, if ony, which	DUE TO, OR	AS A CON	SEQUENCE	OF								
Š			e to immediate stating the <u>under-</u>	(b)	AS A CON	SEQUENCE (OF								10
		lying caus	e last.	(c)											
1	z	PART 2 DINER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	TED TO THE TERM	IINAL DISEAS	E OR CONDITION	N GIVEN IN PART	T 1 (a),					
ī	CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?					PHEAD'S	BNLY
L	RTIF	21- EVTERNIA	CALICETALAS	21h TIME OF	INTUINA	1	121. 11	011/15/11/18/	0.000					YES D	NO
3	AL CE	21a EXTERNAL UNDERLYING	TX OR	216. TIME OF HOUR AM DEATH 8:34P.M.	MONTH 2	DAY YEAR 17 19 8	3		OCCURRED		UKE OF INJURY I	IN ITEM 18 PAR	I I OR PART	2)	
	MEDICAL	21d. INJURY O	CCURRED	21e PLACE C	F INJURY	(AT HOME,	21f LO	CATION			ITY OR TOWN		COUN	UTV	STATE
	2	AT WORK	NOT WHILE AT WORK		ome	9.75	1113	33 Ode	nton F		Odento	n_An			Co_Md_
			_	e of the semains desc		ve, held on	EAD C	NXX.	Inspection		Inquiry _	1	n my apir		
		deoth resulte	d from Notur	ol couses	Agcident		icide 🔃	Homic	cide .	Undeterm	nined manne	er .			
2		ACTUAL	///	, (1)	ha.	1		TITLE (S	SPECIFY)				DATE	0.444	
-		SIGNATURE_	11/10	on !	VUX	4	M	ь.Дери	ty Chi	LEAREDICA	AL EXAMINE	R	SIGNED	2/19	9/83
2		EXAMINER'S N (TYPE OR PRIN	NAME T	homas D.	Smit!	, M.D		ADDRESS_	111	l Penr	st.	Ва	Ito.	, MD.	
	23a. B	SPECIFY)	ation	3b. DATE 2/21/83		udon I				23d. LOCA	imore		COUNT	Mary	STATE 1 and
	24 F	UNERAL DIRECT	TOR			-	11220		25a. DATE RE	EC'D. BY RE	GISTRAR 12	EGIST	RAR'S SIC		4
	Hub	bard Fu	neral Ho	me, Inc.	4107	Wilker	ns Av	e.	FEB	2219	383	jo hu	2	Course	4

3	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	1 4 0 2 8
تي م	I. DECEASED NAME FIRST (TYPE OR PRINT) CATH	ERINE	MATTHEWS	20. DATE OF DEATH MONTH 02/1	5/83 7:50 PM
Co is o	3. SEX FEMALE	4 RACE	5. DATE OF BIRTH 1 2DAY 1918	6. AGE (IN YEARS LAST BIRTHDAY) 65	IF UNDER 1 YEAR IF UNDER 24 HRS
TE E	76. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Onancock, V	76 CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY OR COUNT BALTIMORE CI	
°(M)	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (179F OF WORKED MOST OF WORKING) HOUSEWIFE	126. KIND OF BUSINESS OR
200 PM 13	USUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION)	2418 Ashland	Avenue 21205
151300	14. FATHER'S NAME OSCAL	Tyler Tyler	15. MOTHER'S MAIDEN NA Berthä st		Godwin
3	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE 114079		and Avenue	
juires that the death signed by the attent ren please remore to buriol, crementable jury, or other trauma		DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	CANCER	MINAL DISEASE OR CONDITION GI	VEN IN PART I (0)
N: The low req hysician. icote has been ransit permit Th Hygiene prior to 18 shows ony ini	190. DATE OF OPERATION 25 JANUARY 10 210. ACCIDENT WAS UNDERLYING	183 Lyng CA	CH OPERATION WAS PERFORMED NEED (DIAGNOSIS) 1216. HOW INJURY OCCUR	YES NO NO N	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES
NG PHYSICIAN. ottending phys ifter this certifica os the buriol-troi th and Mental Hy orked or item 18	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTI WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDI ospitol or ECTOR: A d for use t. of Heol	270.1 certify that (1) (this has sow the deceased alive of	oitol) attended the deceased from 15 February 19 only view the body after death.		deoth accurred on the date and ha	
the Dort	26. PHYSICIAN'S NAME (TYPE	orprinti	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	15 February
TO HOSPITA retoined by TO FUNERA should be do with the Story	JIM WALKE 230. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	2/20/83 W	NAME OF CEMETERY OR CREMATORY	FE ST. BALTO. ParksTey	,MD. 21205
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR Will	iam F. Magrud e. s.e. wash,	er 25a DA	TERREC'D BY REGISTRAR 251 7 GIS	

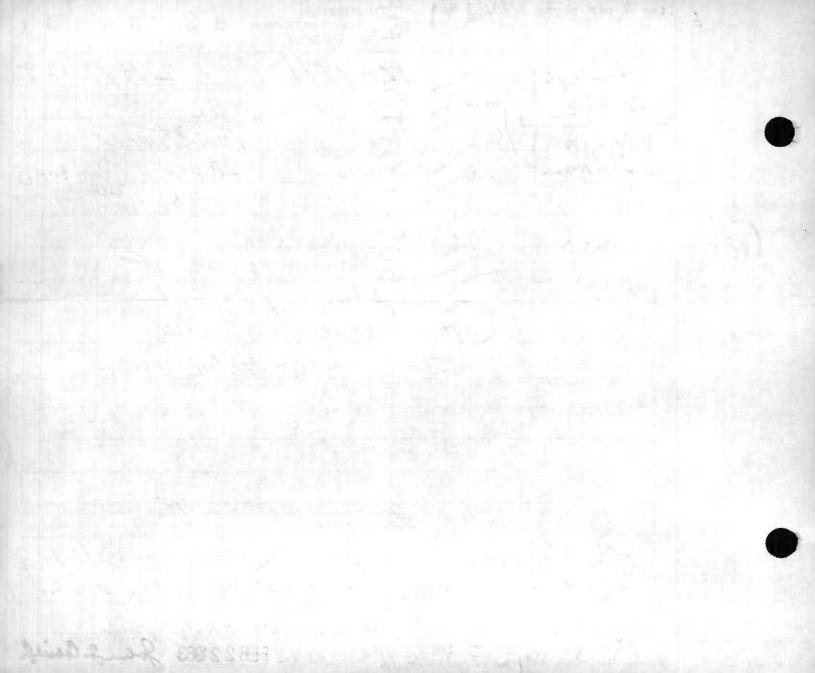
HARRY AND REAL PROPERTY. 1400 THE PROPERTY OF THE PERSON OF THE N ISTA FORMUM 600 C. SIDE III. BARRO., NO. 2127

11-	FOR STATE REGISTRAR	DEPARTMENT OF HEA	ALTH AND MENTAL HYGIE 'S CERTIFICATE OF DE	V V	1029
	CEASED NAME FIRST PE OR PRINT) Charle	MIDDLE	Matthews	20. DATE KNOWN W MONTH OF ESTI- DEATH MATED 2	14 19 83 M
M. B	A RACE A RACE Black IRTHPLACE (STATE OR OREIGN COUNTRY)	5. DATE OF BIRTH YEAR 1. AST BIRTHDAY) 1 1 16 35 47 YRS. 76. CITIZEN OF WHAT COUNTRY? 8.		PRONOUNCED DEAD 2 9. BALTIMORE CITY OR COUN Baltimore City	14 19 83 24 HOUR 10:42
10. CI	Maryland ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OF HOND IN SUCH FACILITY, GIVE STREET ADDRESS) 566 GOLD ST.	OTHER INSTITUTION 120 U	SUAL OCCUPATION (TYPE OF WORK IR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY NONE
130 S Ma	state 136. COUNT	other institution, give residence serore abmission) Y 13c, CITY OR TOWN Baltimore	YES ₩ NO 1 56	REET ADDRESS 6 Gold St.	21217
200	ATHER'S NAME FIRST ELLINGTON WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE Y		Lelia 17. INFORMANT	ADDRESS	Dent
R REMOVAL.	18. CAUSE OF DEATH (Enter onl) PART I DEATH WAS CAUSED Canditions, if ony, which gove rise to immediate	215-32-2421 y one couse per line for (o), (b), ond (c).) BY: ECAUSE (a) Arteriosclerot DUE TO, OR AS A CONSEQUENCE OF (b)		disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIT 21201 PRICE TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION ACCOUNTY MEDICAL CERTIFICATION	cause (a) stating the <u>under-lying couse lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS (190. DATE OF OPERATION	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL			20 AUTOPSY?
STATE DEPAITMENT OF HEALTH 7, 21201 PRICE TO BURIAL, CREA MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR EATH P.M. 19	21c, HOW INJURY OCCURRED (ENTE 1f LOCATION STREET		YES NO X
RE, MARYLAND, 21.	220 I certify that I took charg	e of the remains described obave, held an	Deputy Chief	Inquiry , ond in my of letermined monner , DATE , DATE , SIGN	7_1 07
AFTER DEATH, WITH THE ST. BAITMORE, MARYLAND, 2	EXAMINER'S NAME Thom (TYPE OR PRINT) Thom (SPECIFY)	as D. Smith, M.D.	ERY OR CREMATORY 23d.		UNTY STATE
- 17 E	Burial FUNERAL DIRECTOR	2/18/83 Mt. Zion (ADDRESS M. F.H. 1206-08 W. No	Cemetery Ba	aLtimore by registrar 256, registrar's 1983	Maryland SIGNATURE



A A	-	FOR - STATE REGISTRAR	STATE OF MAR' DEPARTMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYGIE	NE 8 3	0 4 0 3 0
(M)		CEASED NAME FIRST	MIDDLE AKA MATBRA	a y 1		MONTH DAY YEAR 26 HOUR
1	(TYP)	TAVON JA	MAYNE MAVRAY		Ó	2 18 83 6:25 MP
~ 0 d	3. 58		ACE 5. DATE OF BIRTH	6	AGE JIN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
and and and and and and and and and and	1	MALE	BLACK Aug 21	1982	PARTITIONS SITE OF	YRS. 5 18 6 25
一种 数	N	RTHPLACE (STATE OR FOREIGN 76. (ARYLAND	U.S. A WIDOWED	ER MARRIED DIVORCED	BALTIMO	RE CITY MD.
H 1			NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
TR ours ours of files				SPITAL	BAB	1
MARYLAND 2120 PER MR ed within 24 hours ond 2 should be fill exomine must be exomine	130	ARYLANO RECOUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN PALTLMORE YES		SILL WAL	BRUDIE AUE 21216
PE Within 14. F/	ATHER'S NAME PIRST MIDD	LAST 15. MOTHE	ER'S MAIDEN NAME		D LAST	
	N	ICHARDO WAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY NO. 17 INFOR	HERYL	ADDRE	DYRD
HTT cxec		YES, NORUNKNOWN) (IF YES, GIVE WA				II WALBROOK AVE
SALTII SSM otensors vol.		18. CAUSE OF DEATH (Enter only o	ne couse per line for (a), (b), and (c)	1-		BETWEEN ONSET AND DEATH
و مو م	1	PART I. DEATH WAS CAUSED BY				Feb 18, 87
ON On the ce of		1118	DUE TO, OR AS A CONSEQUENCE OF	1 011	1 1/1-	
MED D He attending the attending of remove corbing or remotion, are the troumotical and the troumotical a		Conditions, if ony, which gove rise to immediate	(b) blend 1045 2°	06 016	CHE	
by the osterer other other		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF Shisp	certial		Feb 17/83
NON-	z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOVRELA	TED TO THE TERMIN	AL DISEASE OR COND	DITION GIVEN IN PART 11a
S. S. S. S. S. S. S. S. S. S. S. S. S. S	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PER	RFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRI The it icion. The bos sit per shows	F. F.				YES NO	YES NO
CASED PASED PRICIAN: The ding physicion is certificate buriol-transit mental Hygie and the manual Hygie and the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	V INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
EA EHYSI anding this ce burill di Mei	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY 211. LOCA	ATION	CITY OR TOV	VN COUNTY STATE
RELEZ DING PHY: or offer this After this se os the bu-	E	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)			
02 0 0 2 0 E	K	220.1 certify that (I) (this hospital)	11. 19 93	2	, to Feli-	19 5, that (I) (we) lost
TTE DOI OF TO SELECT	1	sow the deceased alive on obove, (1) (we) (did) (did not) vis	w the body ofter death.	my) (aur) opinion de	ath occurred on the da	te and hour and from the causes stated
OR A DIRECTOR A DIRECTOR OF THE PROPERTY OF TH		77h SIGNATURE	DEGREE	ATTENDING	MEDICAL STAF	221. DATE SIGNED
SPITAL OF	1	155	. 1/1/1 >	PHYSICIAN A	DIRECTOR PHYSIC	
OH DE STORE OF THE	1	F. 600 IN	J. Garden 220 ADDI	ICU	Tolus	History Hory
PP	23a.	BURIAL CREMATION, REMOVAL 7	36. DATE 230 NAME OF CEMETRY OF	OR CREMATORY	23d LOCATION CORTOWN	by ce Good
The state of the	24 F	UNERAL DIRECTOR	A I VO HAVUIUS [])	250.DATE	70-7-7-	25b REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)		oseph L. Rus	SS 2222 Wi North Ave	e, FEE	251983	John & Course

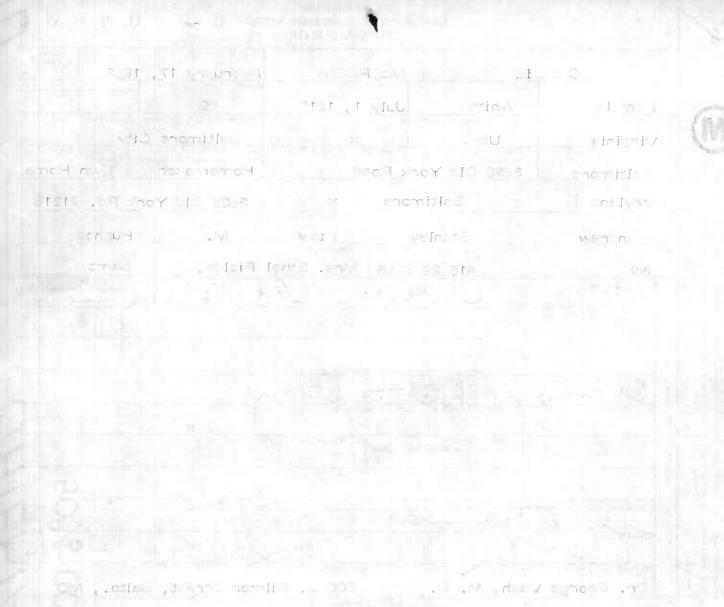
Consider Consider RESERVE SEVER CONTROL 80 5 81 6 Later of Supple Control 4.2 D 1 21 121 A REPLACE OF THE PARTY OF THE STATE OF THE S Manuaco Merica Cherry The Cheeve keyer our versions has Suggest 29-83 Apriles Market 12 all a Comment and the day and which he had been some a cold



10	1.	FOR STATE REGISTRAR	DE	STATE OF MAR PARTMENT OF HEALTH AN CERTIFICATE O	ND MENTAL HYG	SIENE 8 3	0 4 0	3 2
3 4 4 7 3		CEASED NAME FIRST	WIDDLE	LAST	77	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
of 19 0	(TYP)	ADA	M P.	MAZUREK	SR.	100	00/00/00	2 2012
you book	3. SE		4. RACE	5. DATE OF BIRTH	27.	6. AGE LIN YEARS LAST BIR	02/02/83 (THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
4 188	n	PALE	WHITE	JUNE 2	9 1911	71	YRS. MONTHS DAYS	
900	1008	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEV	ER MARRIED DIVORCED		RE CITY	440
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER I	INSTITUTION	120 USUAL OCCUPATI	ION 12b. KIND	OF BUSINESS OR
		ALTIMORE			PITAL	NETIKE	0	
BALTIMORE, MARYLAND 2120 So Essecuted of 1024 four labors. Pages and 2 Maryland better with medical broughter must be to the medical broughter must be	130.	AL RESIDENCE (IF NURSING HOME OF			NO [13 STREET ADDRESS	· POTOMA	24 ST?
	14. F	ATHER'S NAME	MIDDLE LA	IS. MOTH	ER'S MAIDEN NA	ME		AST .
	A	MARCEL	MAZUR	EK M	PARTH	A WOI	INSKI	
or de court		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO. 17 INFOR	RMANT	ADDRE	SS	0
Pog .		NO	213	18 0415 201	PHIA	MAZUREN	£ 6325.1	TOTOMAC
hysicio popersional.		IB CAUSE OF DEATH (Enter of	nly ane cause per line far (a),	(b), and ic	0 1		APPRO: BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a) Dra	in stem in	starct	ION		
he death certifications of the death certification of the mation, or reministrations of the mation, or reministrations of the mation, or reministrations of the mations of		4310	DUE TO, OR AS A CON	ISEQUENCE OF				
deat deat deat deat deat nian,		Canditians, if any, which		acerebra	heed			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISFOUENCE OF				
so that the please runial, created, or other		underlying cause last	(c)					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	la
INISION OF VITAL RECORDS, CO PHYSICIAN: The low requirest this certificate has been to the buriol-transit permit. Then a and Mental Hygiene prior to briked or frem 18 shows any alumnity of the control	CERTIFICATION							
low respectively.	N S	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20e AUTOPSY?	206. IF YES, WERE FIND! IN CERTIFYING CAUSE:	
The I the licion.	E					YES NO	YES 🗌	NO [2]
VITAL AN: The hysician historical hygies 118 show		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.		H DAY YEAR	V INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
SICIA ng ph certifi uriol-th	3	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
PHYS tendir this he bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.) 211. LOCA	ATION TREET	CITY OR TO	WN COUNTY	STATE
NVISION OF PROPERTY OF PROPERTY OF STREET OF S	1	AT WORK NOT WHILE AT WORK						
NDIII or II		22a.1 certify that (I (this hasp	- 2/2		19 83	, to		, that (I (we last
Spirito CTO		saw the decease alive an above, (Liwe (did)(did no	t) view the body after death.	_19_ 83 _, and that in (my) (aur) pinion	death accurred an the de	ate and haur and from the	causes stated
OR AT DIRECT DOPL: Dept.		22b. NGNATHRE	0 1	DEGREE				ESIGNED
SPITAL OR A: MERAL DIREC Be detoched Store Dept. TANT: If them		Kerbest V.	Stormer A	MD	PHYSICIAN [DIRECTOR PHYSIC	IAN 2/2	2/83
HOSPITAL bined by the FUNERAL build be detailed the Stote by ORTANT:		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADD	RESS JOH	US HOPKIN	is Hosp	
		R. GARY	ER '		DEF	OT. OF M	ED.	
Of of Odd X	23a	PRIAL, CREMATION, REMOVAL	236. DATE	23 NAME OF CEMETERY	OR CREMATORY	23d CATION	f COUNTY	ASTATE
BP		TURIAL	215/83	DI. STAN	ISLAUS	SIGALTI	MARE	MD
DHMH - 16 50M 4/82	17	NERAL DIRECTOR	110000000000000000000000000000000000000	DRESS! 2525	250. DAT	E REC'D. BY REGISTRAR	25 REGISTRAR'S SIGNA	DURE A
(VRA 15, 4)	1	BYMOND L.1	ACZOROW	SKI FLEET	1.1. EE	B 8 1983	Ca min dis	trate &

TABLE OF THE PERSON CHARLEST THEFT MATTER COTTO

4	1	FOR - STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0 4	0 3
e m=		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
oge deat		CAS				ROOM	February		0
Her he	3. SE	Х	4. RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DA	
1		Female	Whi	te	July		69	YRS.	
(M)	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia		SA	Y? B. MARRIE WIDOW	D NEVER MARRIED DED NORCED	9. BALTIMORE CITY OF Baltimore		
o other to the to	10. C	Baltimore	(IF NOT IN SU	HOSPITAL, NURS JCH FACILITY, GIVE STRE	ET ADDRESS)	or other institution ad	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	D OF BUSINESS (RY Vn Hom
24 hour	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. COI Maryland		130. CITY OR IC Baltir	NWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3635 Old	York Rd	
Destrict of the second of the		ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST
0 0	1/40 3	Andrew WAS DECEASED EVER IN U.S. A	PMED EOPCESS	Stanle		Liew 17. INFORMANT	M. ADDRE	Hugh	les .
part of 7		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)						
2 2 2	-	NO 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)		1415, 22		Mrs. Ethe	rields,	Same	ROXIMATE INTERVAL
Use requires that the man signed by the minut. Then please remember to burial, crems remy injury, or ather t	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART OTHER SIGNIFICANT	(c)	hes	O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	DINGS USED SES OF DEATH?
Short by Short	Ē	210. ACCIDENT WAS UNDERLYING	(21) TIME	OF INJURY		1214 HOW INTURY OCCUP	YES NO RED (ENTER NATURE OF INJUR	YES	NO 🗆
14 11 1 1 C		OR CONTRIBUTING CAUSE OF D		A.M. MONTH	DAY YEAR		CRED (ENTER NATURE OF INJUR	YIN HEM IB, PART I OR PART	4)
Sicolar Sicola	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATED AND A STATE OF THE		P.M.	19	21f. LOCATION			
Ad No of	Me Me	WHILE NOT WHILE		TREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CAY OR TO	WH COUNTY	STAT
the the		AT WORK AT WORK		900			3 2/15	- 1	3
A See		22x.1 certify that (1) (this type say the deceased align	Annual Control	deceased from	X	nd that in (my) (aur) apinion	doubt convered so the de	19	, that (I) (*****
ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT		abeves (we) (did) (did)	estswiew the bod	y after death.	, 0		death accorded on the do		1
RAL DIRE detached detached note Dept		275-SIGNATURE	d				MEDICAL STAF		A E SIGNED
HOSPITA med by FUNERA old be de title Stot	1	224 PRYSICIAN'S NAME ITY	20000	-		22a. ADDRESS			
X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Dr. George	Vash,				lmor Street	, Balto.,	MD
BP		BURIAL, CREMATION, REMOVA SPECIFY Burial	2/2	1/83	Green	Mount	Balto.,	COUNTY	MD STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR Henry	/ W. Je	enkins 8	Sons	Co. 250. DA	TE REC'D. BY REGISTRAR	REGISTRAR'S SIGN	NATURE
(VRA 15, 4)		4905 York Ro				HO10 FFF	2 2 1983	an 2.0	sheeld



unil
Henry . Jonaine Co.

Henry . Jonaine Co.

Co.

You how alto, ME state

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE WIFE HAMBLETON 2211 W. Rogers Ave Hours PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY \$ 3 , and that in (our) opinion death occurred on the date and hour and fram the couses stated PHYSICIAN Woodlawn Cemetery Burial Woodlawn Balto Co. M 24 FUNERAL DIRECTOR 3631 Falls Road 21211 Burgee Funeral Heme

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1983

IF UNDER LYEAR

2b HOUR

IF UNDER 24 MRS

- STATE

REGISTRAR

DHMH - 16 50M 1/B1

(VRA 15, 4)

THE PROPERTY OF THE PROPERTY OF THE PROPERTY (SA) MARGUARIA USH S EALTIMERE ALD. PHATE HID THE KESTER HOME, INC. HOUSE WHEE mains THATE X SINK-KIRCKS HIVE Geerge G Girselv Emma IN Hamaleria The state of the s Salar - many thomas salar salar

1/11/49 004124E c.Bray coding Blic. 0. 4

1 de 12 1 de 14 de 15 de

D 10 128 129 129

Parking No. x Selicing Selicin							1
Services described and service of the service of th							
Services Herry Hospital Constitutions Herry Hospital Education Constitutions Education Constitutions Education Constitutions Education Constitutions Constitutions Constitutions Constitution Constituti				02207		lous!	
Maryand Marthors X 1201 Maryand Marthors X 1201 Maymord Mar Start Sant Saylor Maymord Maraborood			E	.4.5	L.U	Englytes	
Saymond Sank Start Saymond Ld. Wilge England Ld. Wilgs Committee C	31	Note of				oelelm"	
Robert W. McCoy 1119 Marolorood Ld. 2129	10518 .20 series .	E-862	Z.	sicul-lai		bunning TEE	
	nylyn"		2008	10.2%		٠: اکيږدا:	
beergreed to enough a state of the second of							

Lilly & Zeiler Inc. 1901 Eastern Ave. (21231) FEB 181983

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

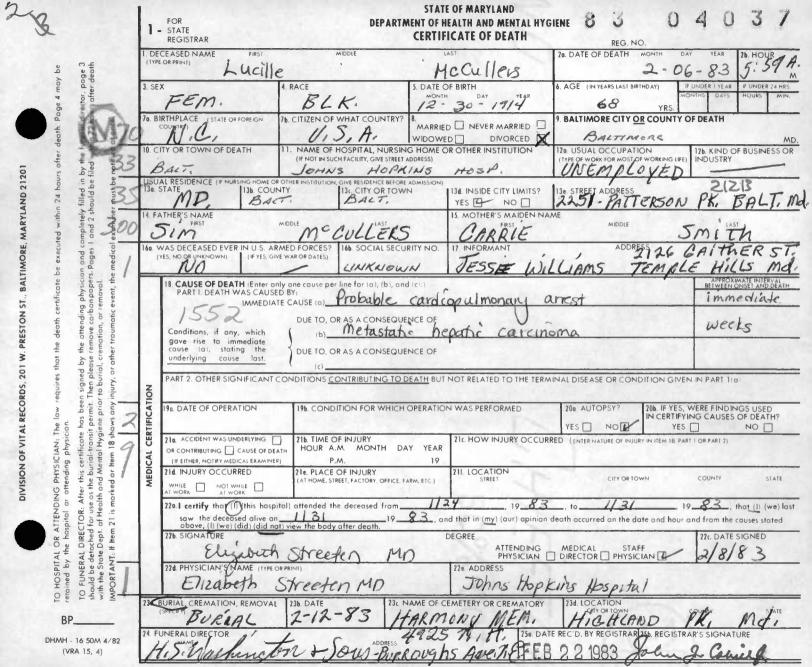
FOR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

	THE PARTY NAMED IN	Doll - NIL	YAT
	F101.0 team	when stiny	Pillage
Baltimore City	X	United States	Propertylands
one-CanOlogia splaneO		Course Hospital Cor	Beltimore
2 301 Violet Ave. (21219)	X	- Boltimore	. BuelyseM
Hothidon -	Je me ^{rr}	Y-Serson -	nos fam
rivova" Cici	Javard Bryss	E456-90-119	- OV.
ALTO INFORM THE RESIDENCE OF THE PERSON OF T			



P. KILDER F. LEELER THE POLICE SHOWS IN THE SAME OF THE PROPERTY The transfer design bulliones Tilly be the he 1976 The war and the same of the sa Elizabeth Streetin 1977 Julius Begins Hope a Frank Like 3 Frank Like Souther 18, 1140

FOR STATE

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Gate Superintendent - State 3437 Guilford Terrace 21218 Malone Glen Arm. MD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (our) opinion death occurred an the date and hour and from the couses stated 22c. DATE SIGNED 2/2/83 PHYSICIAN DIRECTOR PHYSICIAN 5820 York Road, Balto., COUNTY 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE . . . Henry W. Jenkins & Sons Co. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 4905 York Road Balto. MD 21212 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

1983

YEAR

IF LINDER LYEAR

2b. HOUR

7:00

IF UNDER 24 HRS

Direct Section of the section of the Control of the second s about - committee of state of the committee of the commit EIT LINE . You work to 218 6 1 St. Atra. Frances Mark, Sign Sem., Mile Le. Malcaic IV. Wedingdor, NY, D. Bid I they Foad, Balto., McDalling and the first of t list. APEC York Roke Halfe (AAC) 21212

the way and the BATTON C. C. F. DAMINIOS Comercio de total de Marghan Homodinister may port of the a series Water und Bakanen mildet Me Topassemples We are first properly and the second of the La State of State of the State

- 11	10	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 3	0 4 0 4 0
S and some		DECEASED NAME (TYPE OR PRINT) SEX		McDaniel Sr. MCDANTERXX 15. DATE OF BIRTH	20. DATE OF DEATH MONTH FERRIARY 10 6. AGE (IN YEARS LAST BIRTHDAY)	1983 12:5MPN
5 20	and:	Male	White	~°5 2 09	73 YRS.	MONTHS DAYS HOURS MIN.
M E	77	BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY) CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION		
25	3	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	TADDRESS) PKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING Retired	
AND 24 min 24 mi	35	JOUAL RESIDENCE (IF NURSING HOME OF 30 STATE 136 COUR Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d INSIDE CITY LIMITS? VES 2 NO	412 S. Easton S	treet 21224
MARYI omplerely and 2-s	0	Samuel	Mc Dani		MIDDLE	Turner
be execu	1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 4/4-10-		McDaniel 4125.8	aton St. 2/224
that the death certific that the death certific physics remove carbon passes remove and carbon pare removed carbon pare removed.		Canditions, if any, which gave rise ta immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ience of cell lung	Canar	
CRDS, 20 requires. Representations of the place of the	2	PART 2. OTHER SIGNIFICANT OF COLUMN 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ic obstructu	DEATH BUT NOT RELATED TO THE TER LINE AUL CASE HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFTURE OF DEATH? FIFTURE NO
SION OF VITE CLAN T Physical of All for Hygin dar flemalf All		OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	HOUR A.M. MONTH D	19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM TE CITY OR TOWN	PART ORPART 2) COUNTY STATE
	6	220. I certify that the deceased alive an	ital) attended the deceased fram. 10 FC by 19 17 view the body after death.	6.2	m death accurred an the date and he	aur and fram the causes stated 272. DATE SIGNED 10 2 83
0 th 0 th 1 th	L	226 PHYSICIAN'S NAME (TYPE OF RAUTH AUT) 30 BURIAL, CREMATION, REMOVAL	THOUSE	220 ADDRESS JOHN HOPE NAME OF CEMETERY OF CREMATORS	ins Horpital 1	SALTIMORE
ped_	3	Burial	- 16 0 0	acred Heart (emete	ery Dundalk Bala	to Co. Md. STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		Charles S. Zeile	r & Son Inc. 901		ATEREC'D. BY REGISTRAR 256. REGI	STRANGE GATURE

0 0 0 0 0 value 7 2 09 Englades . . . 5 00 303 AMERICAN EXEMPERATE OF CORP. LEIS TOTAL The second secon te innied tartie invest The same of the same of the 1 6 0 3 Sandy Sale on Tall on the Sales HOMES AND HOUSE unial 2- -3 secret early second unitally security, second second so cited on m. W. orkin i. Ft. 8: 5 mg

1		FOR					MARYLAND I AND MENTAL I	AVCIENT)	rge:	10	4 0 1	. 1
-	- :	STATE REGISTRAR					CERTIFICATE		3	U	4 0 4	
h	DEC	EASED NAME FI	RST		MIDDLE		LAST		REG.		DAY YEAR	26. HOUR
	(TIP	CHEMINITY	LAINE	Myles	140			0			2-83 10	
1	SEX	4. RACE	5. D.A	TE OF BIRTH	6. AGE (IN YE		VDER 1 YR. IF UNDER	24 HRS. 2c. D.	ATE	MONTH	DAY YEAR	2d. HOUR
1	1	- Nego	MON	3 17	YEAR LAST BIRTHO	RS. MONT	HS DAYS HOURS	MIN. PRONO	UNCED	2-22	-83 19	10:52
17	s. 81	EIGH COUNTER		ITIZEN OF WH	AT COUNTRY?	1	IED NEVER MARR	P. BAL	IMORE CIT		THOO DEATH	
1		5.0,		4.5	,A.	WIDOW			Baltimo	ore Ci	ty	MD.
1	C	Y OR TOWN OF DEATH			PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. USUAL OC	CUPATION (TYPE OF WORK	OR INDUST	USINESS
4	Ba	Ltimore	30		Lem Avenue	-base	ement		melo	104		
1	6. S1	ATE 136. C	OUNTY	RINSTITUTION, GIVI	13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS		212	16
>		ma			BA 17	0.	YES NO	3023	HAKLE	mAl	10	
1	L.FA	THER'S NAME FRIST	MIDD	LE	LAST		15. MOTHER'S MAID!	EN NAME	WIDDLE	n	berTso	
1	- VA	AS DECEASED EVER IN U.	C ADMED TO	OBCEC2	1166 SOCIAL SECURIT	S	17. INFORMANT		ADDRE	500	berTso	1
1	(YE	S. NO, OR UNKNOWN) (IF YE	S, GIVE WAR OR	DATES)	213-76-8		mrs. 1	m.//-		1 1	1.1	1
F	-	IS CAUSE OF DEATH (Fo	lan and			010	1,1102.1	11/105	2002	175/1	hand Is	EINTERVAL
		PARTIDEATH WAS C.	AUSED BY:	D1	unt force	inium	ies	915 1			BETWEEN ONSE	
1		960 SIMM	EDIATE CAL	300 (0)	AS A CONSEQUENCE		163		7			
1	H	onditions, if ony,										
1		gove rise to imme couse (o) stating the u		(b) DUE TO, OR A	AS A CONSEQUENCE	OF						
		lying couse lost.		(c)								
1	51	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1mail				
	Š.											
1	CERTIFICATION	19a. DATE OF OPERATION		196 CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED?				20 AUTOPSY	?
4	81E	AL EVIENNIA CALLER		A11 TI::5 ==		1					YES XX	NO 🗆
-		210 EXTERNAL CAUSE WA UNDERLYING XX OR CONTRIBUTING CAUS		216. TIME OF 21OUR A.M.	M2NT220483 YEA	R Cub	owinjury occurre	eaten	F INJURY IN ITEM	18 PART I OR PA	ART 21	
1		CONTRIBUTING CAUS	OF DEATH	P.M.	19 F INJURY (AT HOME,	Jau	CATION CATION	,001011				
	ME	WHILE IN NOT WHILE	EXX	STREET, FACTO	PINJURY (ATHOME, DRY, FARM, ETC.)		Harlem A	venue	Baltir	more.co	Märvland	STATE
1		AT WORK AT WORK	^\w	Duscill	O111					,	, can	
		22a I certify that I took	chorge of th	e remoins desc	ribed obove, held on	Autop	sy XX, Inspectio	n L, Inqu	iry L.	ond in my o	pinion	
		death resulted from:	Notural cou	ses 🔲,	Accident . St	ricide 🔲	, Homicide X	Undetermined	monner L			
		ACTUAL	40/10	e ()	166.00		TITLE (SPECIFY)			DATE	07.07	
+		SIGNATURE	meny	CAM	Type wer	м	Assistant	MEDICAL EX	AMINER	SIGH	23-83	
1		EXAMINER'S NAME	Maria		A	M D	4000FGG 111	Ponn C+	root			
1 2	3a. Bl	(TYPE OR PRINT)	/AL 23h DA	garita /F	A. Korell,			Penn Stu				
1	15	Burial	2/	28/83			nem. Cem.	BA		COU	INTY S	TATE 1
2	4 FU	NERAL DIRECTOR		ADDRESS	101/51/11	, 50 /	25a. DATE	REC'D. BY REGIS	RAR 256RE	GISTRAR'S		
	F	setts tunex	al Ho	mc L	129 N. CARO	line-	St. FEE	3 2 5 198	3 /0	and	Comice	
No.	-		- ///									

AND A THE THE WHAT WAS A TON THE WAY

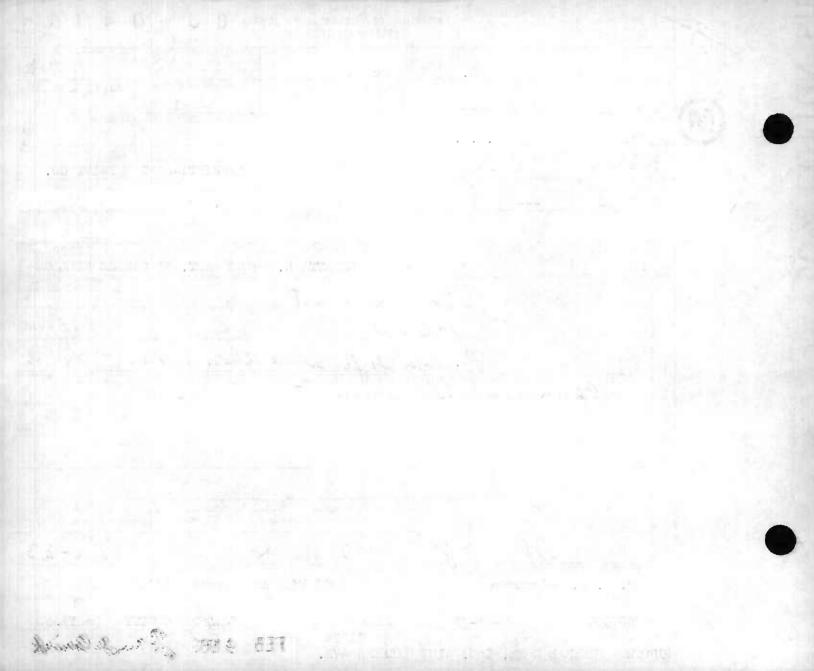
8	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.			
death	DECEASED NAME FIRST	Cutherine McGarnity	c da-vity		DAY YEAR 26 HOUR 12 83 933 A M
urs afte	Female	4. RACE White S. DATE OF I	BIRTH DAY YEAR 3 20	AGE (IN YEARS LAST BIRTHDAY) 62 YRS.	IF UNDER I YEAR IF UNDER 24 HRS.
35	COUNTRY) ACITY	No citizen of what country? 8 Married [DIVORCED D	Baldimore CITY OR COUNTY	CITY MO
P #3	BALLING OF DEATH BALLING OF DEATH BULL RESIDENCE LIF NURSING HOME OF	11. NAME OF HOSPITAL, NURSING HOME OR ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		USUAL OCCUPATION YPEOF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR
should b	30. STATE 136 COUN	13 CITY OR TOWN 13	Ad. INSIDE CATY LIMITS? 138	street ADDRESS 4219 Grace Cou	urt, 21226
300		McGannity McGannity	Susan. 7. INFORMANT	ADDRESS	Clark
rs. Pages		WAR OR DATES)	44	arrity Same	as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
please remove carbon rial, cremation, ar rem , ar other traumatic evi	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) NO DIE TO TO THE TOTAL THE T	asperit	Present	
2 2	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NO	WAS PERFORMED 1	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
_ / 4	OR CONTRIBUTING CAUSE OF DEAT	P.M. 19	Te. HOW INJURY OCCURRED	YES NO YE	ES NO PART 2)
orked or	AT WORK AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	If LOCATION STREET	CITY OR TOWN	COUNTY STATE
with the State Dept. of Heal	220.1 certify that (1) this hospits saw the deceased alive an above (11) we) (did) (did not 22b. SIGNATURE)	view the body of the death DEC Ht MO	GREE ATTENDING M PHYSICIAN DI 20 ADDRESS	th accurred an the date and hau AEDICAL STAFF IRECTOR PHYSICIAN	19 85, that (I) (we) last or and from the causes stated 22c. DATE SIGNED 2/12/83
should be deta with the State [IMPORTANT: If	BURIAL, CREMATION, REMOVAL	236. NAME OF CEM	3001 S	23d LOCATION	ST /
W 1/B1	Burial FUNERAL DIRECTOR	Balton Md. 2	250. DATE REC	Baltimore, A. C'D. BY REGISTRAR 256 REGIST	A. Co., Md.
5, 4)	McCully Funeral H	omes 4200 Pennington	Ave., FEB	171983 2	20.00

STATE OF MARYLAND

chart some past 10-1-17 Paramet administration of the mail Ta Serveral 2177 1897 Makes Consist Company Complete St. D. W. St. Co. sand mean horse him is in the 1789 the said

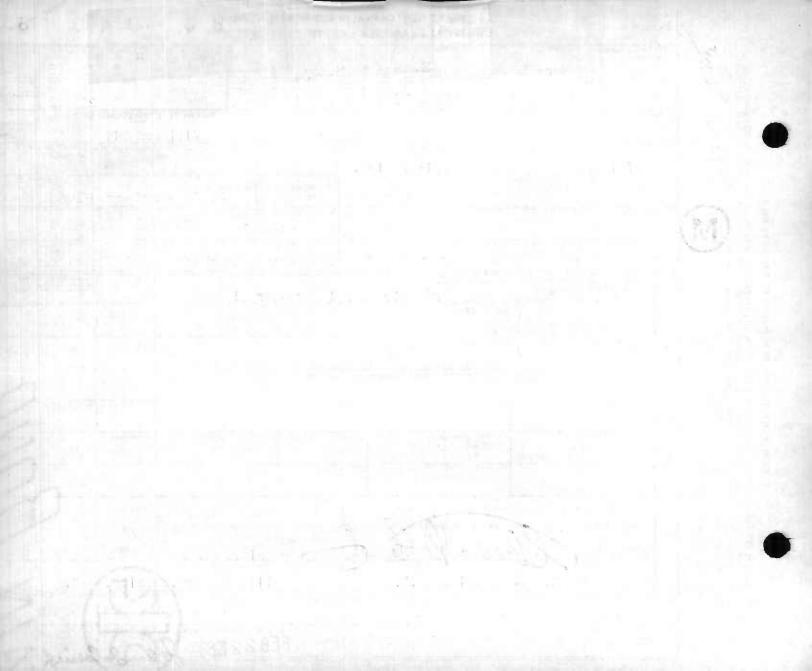
5	FOR		OF MARYLAND	a '3 n	4043
	1 - STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	-, 0 , 0
	1. DECEASED NAME FIRST	MIDDLE	AST		DAY YEAR 26. HOUR
y be dead	Jose	12.1	stath	2 '	4 83 6:161
-	3. SEX	4. RACE 5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M)	70. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8.	10 01	9. BALTIMORE CITY OR COUNTY	OF DEATH
1. 169	New York	USA MARRIE WIDOWEI	DI DIVORCED	Baltimore	C \
other and a	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Welder, Ship Ya	12b. KIND OF BUSINESS O
filled in outline of	USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	138. INSIDE CITY LIMITS? YES XXXX NO		St. Balto.Md.21
and 2 of	14 FATHER'S NAME FIRST Unknown	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	nknown	LAST
dicol de	160 WAS DECEASED EVER IN U.S.	CIVE WAR OR DAYES	17. INFORMANT	ADDRESS	
# 60 a	(YES, NO ON WIKNOWN) (IF YES	215-01-3045	Mrs. Roberta I	.McGrath, Same a	
ficate paper paper soval, ent, th		anly ane cause per line for (a), (b), and (c) USED BY: MATE CAUSE (a) RES PLETORY	FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
carti	4860 IMMED		YAILUXE		
feath mend ion, c ion, c	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	entory Distr	Ess Syndrom	E 3 days
the d the o tremo er to	gave rise to immediate cause (a), stating the	DUE TO, OR AS CONSEQUENCE OF			
that d by eose of, co	underlying cause last.	10 PNEUMONI	<u> </u>		G drys
equires Then pl or to burn		ATTURE , CONFESTIVE W	East Failuri	. Athero Sch	pote Heret Ob
her be	190. DATE OF OPERATION [28 83 210. ACCIDENT WAS UNDERLYING	FEACTURED FEMORAL M	was performed Right	206. AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{T} \)
though the shall be s	DO CONTRIBUTION CALLES OF	21b. TIME OF INJURY	21c. HOW INJURY OCCURR		0
SKC P P P P P P P P P P P P P P P P P P P	(IF EITHER, NOTIFY MEDICAL EXAM	NER) P.M. 19			
NG PHY there this on the but th and M arked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND o supital o CTOR. J for use of Heal	saw the deceased alive abave, (I) (we) (did) (did	nat) view the bady after death.	d that ip (m/) (gur) apinion	eathforty red on the dase and hop	pand from the couses stated
TAL OR ALL OR ALL DIRE detacher total Depression VI. If Re-	22b. SIGNATURE	Sale MO	DEGREE CERTAFICATION PHYSICIAN	ORECTOR DENSEMBLES	214 DATE SIGNED
o HOSPITAL Florined by 1 TO FUNERAL Mould be de- with the Stots	22d PHYSICIAN'S NAME (TY	EORPRINT)	30015 HAN	vover st, B	ALT. MO
21-112	230. BURIAL, CREMATION, REMOV		METERY OR CREMATORY	atorion (atorion)	+ AUNITO Manustate
BP	(remation		Process (rem		0
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	Home 130 E. FORT Ave. Bo	71230 FFF	PECID BY REGISTRAR 251 REGIST	RAR'S SIGNATURE

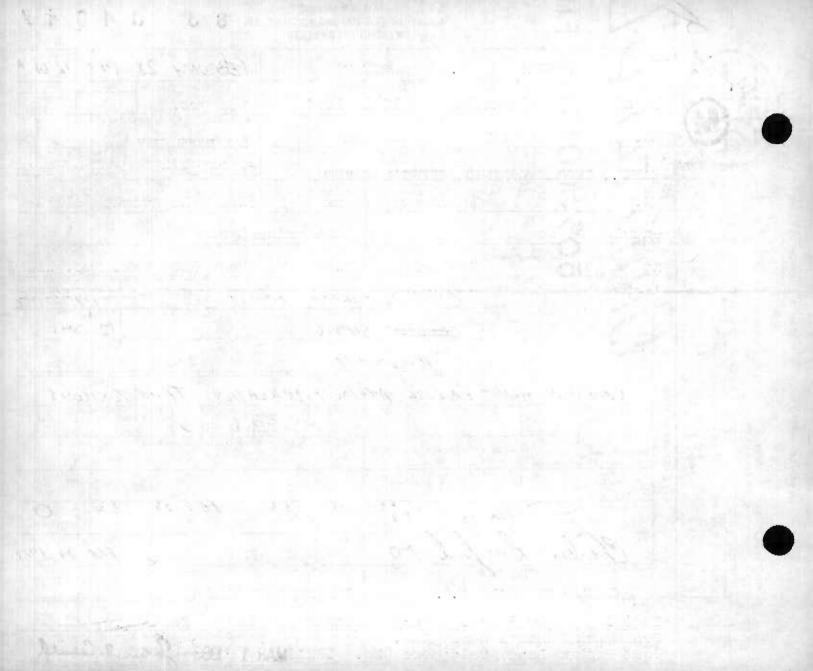
- H. es 2004 The way was a series of the se and the second of the second o E PRESENTED TO THE PERSON OF T As it respective parties success that L. Burnanaugu 3143 READ THAT I WIND SHIPE , STANKE , STANKE , STANKE , SANTE HOLD TO (a step) the titles to the state of the color of personalism the . s. that committee among and production of the grant of the alternative times for the second second to the second



		TO CHENT TO	
76	\$1 5	E James artist	ofek
Salte. City	3.		
		Church Hogg.	falto.
1931 E. Dalto. St. 2)23		.o.fst	.64
		dSa0=f0-863	Union
		Y SECURIOR SECURIO	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST KNOWN (TYPE OR PRINT) E. DEATH MATED Mary 20 19 83 McKov DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE 9:20P LAST BIRTHDAY) PRONOUNCED Black 75 Female 5 10 07 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) N.C. USA WIDOWED X DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS Baltimore 4603 Garrison Blvd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21215 BALTIMORE, MD. 21201 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4603 Garrison Blvd. 30 STATE 13h COUNTY Baltimore YES X NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pridgen Floral LAST 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 240-32-4362 Dorothy McEachern 4603 Garrison Blv No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES | NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY FARM ETC 1 STREET CITY OF TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above held un-Inspection Undetermined monner death resulted from: TITLE (SPECIFY) DOD'TY ChievEDICAL EXAMINER 2/21/83 EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St . Balto., MD. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY MD Baltimore Burial Auburn Cem BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FEB 2 2 1983 With C. March F/H 49101 E. North Ave. **DHMH - 17** (VR A15 ME (5)) 20M 4/82





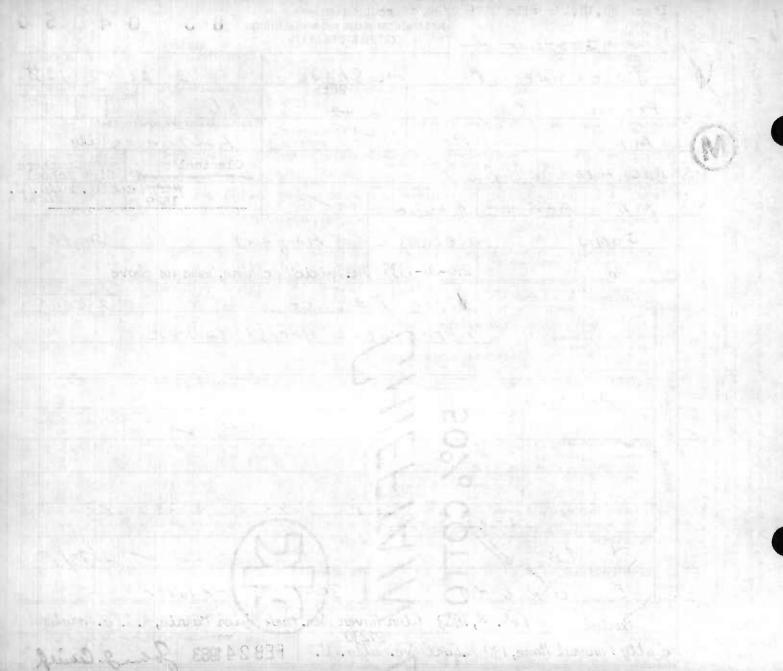
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE LAST 28 DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) LANE SAMUET. 02/26/83 MCMELLEN 1.5EX 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR Male Feb. 12, 1916 White To BIRTHPLACE ASTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS BALTIMORE CITY Ohio WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 120 USUAL OCCUPATION (JE NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Machinist Aircraft Indu. BALTIMORE JOHNS HOPKINS HOSPITAL 130. STATE Martinsburg 13. SIREEI ADDRESS 1320 West Virginia Ave. 13d INSIDE CITY LIMITS? Berkelev W.Va. YES T NOF 4 FATHERS NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Della John McMellen Lane 1320 W. Va. Ave. 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT THES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 300-26-1375 Catherine McMellen - Martinsburg. W.Va. 25401 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY: 25 men IMMEDIATE CAUSE In DUE TO, OR AS A-CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF SLA underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (IXThis haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated did not view the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS Should be with the 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Mar. 2. 198 Martinsburg Rosedale Cemetery 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH = 16 50M 4/82 (VRA 15, 4)

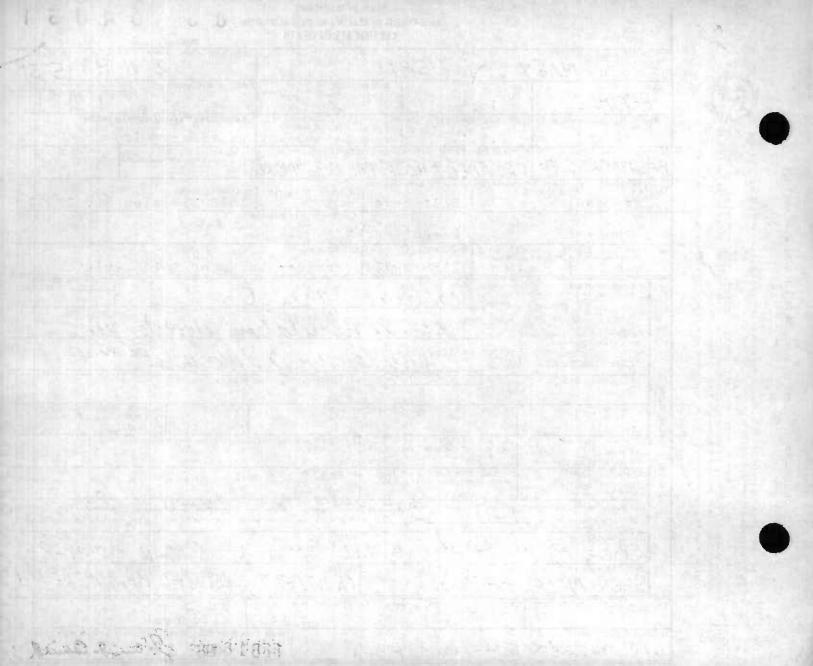
	6 8					
				184		
		to the		3		
	13	12, 1916	for the	e. 188		Ties:
222	POLYTICA:	222			0.1	
fall disease to	4	. MOTERNA	STANDA O	LOT WELL	400 2.5	
va siniwrit :	311 0011			velmine	8 E / 8	100
EL PROPERTY OF THE PARTY OF THE		errag	_ gelle		= (e)	119.
	1100					
					1000	
			Yak	100 Ha		
				Laster /		
784 201	1-10	3 1-1-75		10/ 11 1/2 ye	and the	
rd. W weletand to	uc z ticzen	er some till	(50)	f = + 0 c.	r tri	1/2
				1 N 1	7.	- 1

51 - S-1/V	'	FOR STATE REGISTRAR	DEF	ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	D.
page 3		CEASED NAME FIRST OR PRINT)	WIDDLE	Wc Neil		2 28 83 4
oor, por	3. SEX	Mule	1. RACE Black	5. DATE OF BIRTH MONTH DAY VEAR O 3	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
(M)		RTHPLACE (STATE ORFOREIGN COUNTRY) MINTYLUCK	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	R COUNTY OF DEATH
filed wife	10. CI	TY ON TOWN OF DEATH	LIF NOT IN SUCH PACILITY, SIVES	irsing home or other institution inter address connect florpetal	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
filled in hould be.	13a. S	1100	VTY 13c. CITY OR	imore YES 🗱 NO 🗆	13e STREET ADDRESS 2216 Anna	polis Rd. 212
and 2 sh	14. FA	THER'S NAME Curtis McNe:	MIDDLE LAST		M. Stanley	LAST
Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GIV	MED FORCES? 16b. SOCIALS	SECURITY NO. 17 INFORMANT	ADDRE	SS
e attendina mave carb nation, ar r troumatic		Conditions, if any, which gove rise to immediate	(b)	EQUENCE OF Inevitable	, , ,	
oen signed by the nit. Then please re rise to burial, cren ny injury, or other	ATION	couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (TO DEATH BUT NOT RELATED TO THE TERM		20b. IF YES, WERE FINDINGS USE
has been signing the permit. Then pene prior to bu	RTIFICATION	couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\text{NO}\)
lg physicion. certificate has been signicial transit permit. Then priol trygrene prior to but them 18 shows any injury.	ICAL CERTIFICATION	couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 19	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\text{NO}\)
this certificate has been signs the buriol-transit permit. Then find Medial Hygiene prior to burid and medial Hygiene prior to burid or them 18 shows any injury.	MEDICAL CERTIFICATION	COUSE (0), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (18 ETHER NOTIFY MEDICAL EXAMINES 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO CHER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO 14 IN ITEM 18. PART 1 OR PART 2)
pitol or attending physician. TOR: After this certificate has been signifor use as the buriol-transit permit. Then for Health and Mental Hygiene prior to but is marked or them 18 shows any injury.		COUSE (0), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) (this hasping sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on sow the deceased alive on some country of the sound o	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 216. HOW INJURY OCCUR 19 211. LOCATION STREET 0 19 711. LOCATION 19 711. LOCATION 712. FARM ETC.)	200 AUTOPSY? YES NO CONTRACTOR NATURE OF INJUR	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO (Y IN ITEM 18 PART I OR PART 2) WN COUNTY 19 , that (I) ofte and hour and from the causes so
haspital or attending physician. RECTOR: After this certificate has been signified for use as the buriol-transit permit. Then pap. of Health and Mental Hygiene prior to butter 21 is marked or them 18 shows any injury,		COUSE (0), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (19 ETIMER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasping saw the deceased alive an obove, (1) (we) (did) (did not obove, (1) (we) (did) (did)	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WA 17b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 211. LOCATION STREET TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED 211. LOCATION STREET TO DEGREE ATTENDING	ZOO AUTOPSY? YES NO CITYORTO CITYORTO death occurred on the do	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO (Y IN ITEM 18 PART I OR PART 2) WN COUNTY 19 , that (I) ofte and hour and from the causes so

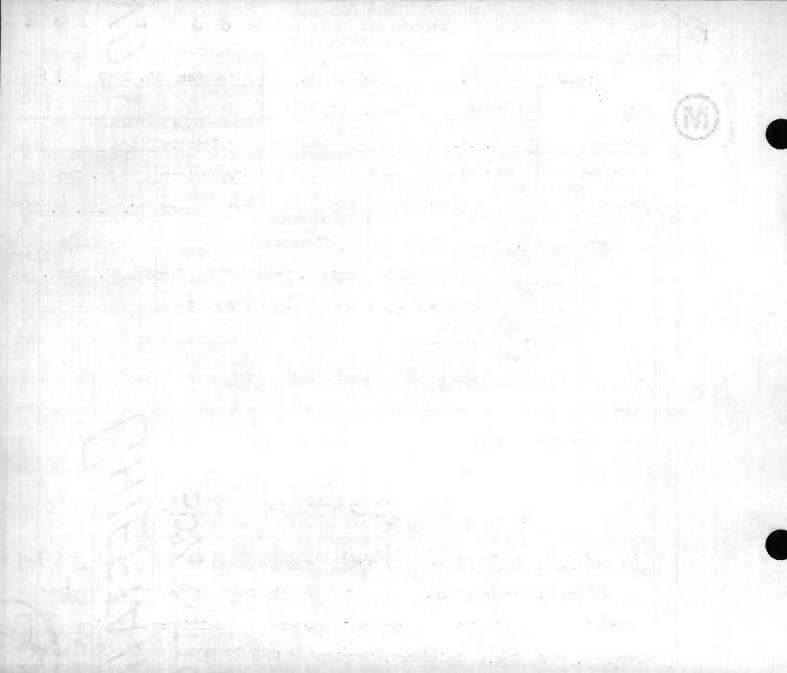
EMALOTE BOSTO WILLIAM WAR OF 1983, Jack Land & Consider

	I.			3/83 STATE OF MARYLAND	0 2 4	0 4 0 5 0
	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 4 0 3 4
/		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
8 mg W	(TYP	Josephin	e p	Mc Shawe	2. 2	3 83 1230
Kom of the contract of the con	3. SE	X	4. RACE	S. DATE OF BIRTHOTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TEAR IF UNDER 24 HRS
960		Fenale	CAUS	12 +2 26	5 6 YRS.	
		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUN	(:4
* (N)	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	126 KIND OF BUSINESS OF
all the same	Bis	a LTIMOFE	(IF NOT IN SUCH FACILITY, GIVE !	STREET ADDRESS)	(TYPIGE WORKING	High School
pond ad 1	USU 13a.	AL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION) TOWN 1134. INSIDE CLEY LIMITS?	13e. STREET ADDRESS 7 520	Belt St. Balta.
in 24 Hille hould		MD BAL		Timer YES NO 1	7001-37	5-9-677740-
1 (5)	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
con a	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? THE SOCIAL	SECURITY NO. 17, INFORMANT	ADDRESS	Sauth
ond Poge			(E WAR OR DATES) 216-2		Shane, Same as al	bove
sicior ol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b		contacte, same as a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph) on po emor		PART I. DEATH WAS CAUSE	TE CAUSE (0)	er FAILURE		2 YEARS
ath ce endin carb n, or r matic		1749	DUE TO, OR AS A CONS	EOUENCE OF	0+0-10-1	
e offer move motion trought		Conditions, if any, which gove rise to immediate		ASTOTIC Brea	SI CANCEIC	
by th ase re I, cren other		underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF		
gned n ple bund ny, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
requestrated by injury	ğ	ANemi			In autoneya Ina is v	ES AVERE PAID A LOS MARIO
n. no beer no	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED
IAN: The physicio physicio physicio physicio physicio ol Hygie ol Hygie ol Hygie	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
G PHYSICIAN: ottending physic streethis certifical stree buriol-fron cond Mereiol yked or frem 18 Hy	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY	FICE FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK			7 7 7 7	
ATTENDING sported or oth CTOR: After of for use as the for use as the office of the office office of the office office of the office office office of the office office office office office office office of		22a. I certify that (I) (this haspi			death occurred on the date and he	, 19 5, that (1) (we) las
		obove, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body after death.	DEGREE	r doom occorred on the dole one the	Tale DATE SIGNED
TAL OR by the high detache tote Dep		5 lu	. //	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 2/23/80
7 9 10 0 10 7		224 PHYSICIAN'S NAME (TYPE	PRINT	220. ADDRESS		445
TO HOSPITA TO FUNERA should be de with the Siot		E. W.	RIGHT	3001	S. HANOVER	
		BURIAL, CREMATION, REMOVAL	23b. DATE Feb. 28. 1983	231. NAME OF CEMETERY OR CREMATORY GLen Haven Mem. Pan	23d LOCATION	A. Co. Maryland
BP	74 5	Burial UNERAL DIRECTOR	rev. 20, 1903		TE REC'D. BY REGISTRAR 256. REGI	
DHMH - 16 50M 4/82 (VRA 15, 4)	nd	ulty Funeral He	ome. 130 E. Forth	*SAve. Balto. Md. F	EB 2 4 1983 2	0 6





85	1.	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND MICATE OF DE	ENTAL HYG	IENE 8 3	0	40	5 2
1		CEASED NAME FIRS		WIDDLE	ŁA.	ST		2a DATE OF DEATH M	ONTH DAY	YEAR	2b HOUR
og A		Thomas		W.	Mee	han, Sr	c.	February	23, 1	.983	1PM
om A	3 SE	X	4. RACE		5 DATE O	BIRTH	YEAD	6. AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER 1 YEAR	HOURS MIN.
* ** (M)		Male	Whi	te	Aug.	14, 1	L901	81	YRS.		
e The	o. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	X NEVER MA	ARRIED 🗆	9. BALTIMORE CITY OR	COUNTY O	FDEATH	
Heort Sec		Maryland		S.A.	WIDOWE	DIVO	ORCED [Baltimor		7	MD.
s offer of the state of the sta	1	Baltimore	(IF NOT IN SU 5781	HOSPITAL, NURSII ICH FACRITY, GIVE STREET Edgepark	POAD	ROTHER INSTIT	TUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Superviso	VORKING LIFE)	12b. KIND OF INDUSTRY Am. (BUSINESS OR Can
hour d in be	USU. 13a. S	AL RESIDENCE (IF NURSING HO STATE 13b C	ME OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d. INSIDE CIT	Y HAITS?	13e. STREET ADDRESS			
filled sould sould		aryland		Baltimo			NO 🗆	5781 Edgepa	rk Rd.	Balto	MD.21239
etely 12 sh mine	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NAM			LAST	
1 3 50C		Thomas	H.	Meeha	ın		orence			Haf	
dicol		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	166 SOCIAL SECT	JRITY NO.	17 INFORMAN	IT	ADDRES	S		21239
n ond c		No No	O. ONE WAR OR DATES)	212-09-	5018	Marie I	D. Meel	han,5781 Edg	epark	Rd. Ba	Alto. MD.
s been signed by the ottendin rmit. Then please remove corb prior to buriol, cremation, or . ony injury, or other traumatic	CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse (o), stating the underlying couse los PART 2. OTHER SIGNIFICATION	h (b)_e e t. DUE TO, C (c) INT CONDITIONS C	OR AS A CONSEQUE ONTRIBUTING TO DITION FOR WHICH	ENCE OF			20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
roote hos roosit per Hygiene 18 shows	RTIF							YES NO	YES		NO 🗌
		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	110110 4		AY YEAR	ZIC HOW INJU	URY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM TE PART	(1 OR PART 2)	
buriol-tr buriol-tr Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA	MINER) P	P.M.	19	214 100 4710			-	14	
	MED	21d. INJURY OCCURRED	LIAT HOME ST	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION	4	CITY OR TOW	4	COUNTY	STATE
olth ond morked o		AT WORK AT WORK		La dance of t	-	25	1 9	to do	17	83	
for us of He 21 is		22ª I certify that (I) (this I sow the deceased aliv above, (I) (we) (did) (d	e on Fel	1 5 19			our) opinion o	deoth accurred on the date	e and haur a	nd from the c	
State Dept.		226. SIGNATURE 226. PHYSICIAN'S NAME (U Ju	sting	M		TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N 🗆	22t. DATE S	24-8
TO FUNERAL DI should be detact with the State De IMPORTANT: If It		William	H. Fustin			300 R	idgely	Road Luthe	rville	e, Mar	yland
- " > =	23a. E	BURIAL, CREMATION, REMO		TION IN	NAME OF CE	METERY OR CR	REMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
		Specify Burial	2/28	8/83	Parkw	ood Cem		Baltimo			
- 16 50M 4/B2	24 Ft	UNERAL DIRECTOR		ADDRESS				E REC'D. BY REGISTRAR 25	b. PESISTRA	R'S SIGNATI	RE OF
'RA 15, 4)		Leonard J. Ru	ick, Inc.,	, Baltime	ore, M	aryland	-	R 24 108?	(- 0 u	many.



8	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 3	04053
	DECEASED NAME FIRST (TYPE OR PRINT) MARG		MENNINGER IN EE	THE DATE OF DEATH	MONTH DAY YEAR 25 HOUR 3:14 N
W	Female	White	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE THY YEARS LAST BEET	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
30	R. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED DIVEYER MARRIED DIVORCED DI	Dalles	R COUNTY OF DEATH MOre City
12/	BALTO	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) CITH HOSP,	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY
55	USUAL RESIDENCE (IF NURSING HOM 130 STATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 136. CITY OR TO BALTE ESSE	WN 136 INSIDE CITY LIMITS?		FTON RD.
od 2 show	FATHER'S NAME FIRST VILLIAM	MIDDLE KAST	15. MOTHER'S MAIDEN N FRIST MAREA	MIDDLE	ULRICH LAST
1	64 WAS DECEASED EVER IN U.S.		URITY NO 17 INFORMANT	ADDRE	
of by the attenting physical are remove carbon popularial, creminition, or removal by, or other traumatic even	PART I. DEATH WAS CA	DUE TO, OR AS A CONSEQUENCE OF TO OR OR OR OR OR OR OR OR OR OR OR OR OR	o-Pulmenary JENCE OFFIC Colon	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ate has been signed permit. Then ple giene prior to burn a shows any influence.	PART 2 OTHER SIGNIFICATION 110 DATE OF OPER TION 21 ACCIDENT OF AS UNDERLYING		HOPERATION WAS PERFORMED	RMINAL DISEASE OR CONI	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
84 H 11	71. ACCIDENT SAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICALEXAM)	DEATH HOUR A.M. MONTH (NER) P.M. ZIR PLACE OF INJURY	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJUR	
is marke	AT WORK LI AT WORK LI	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	city or tow	VN COUNTY STATE
AL DIRECTO etached for us are Dept. of H VT: If frem 21	saw the deceased olive observe. (It live) (did) (die 17) SIGNATURE	on the body offer depth 19.	and that in (my) (aur) apinio	MEDICAL STAF	te and haur and fram the causes stated
O FUNER hould be de with the Sta	Joseph	Desterlin	19 Batti	more Ci	ty Harpital
P	BURIAL CREMATION, REMOVE (SPECEN)	2/5/83 E	11110/2/2	4 BALT	
OHMH-16 25M /BA 15, 4) 1/79	FUNERAL DIRECTOR	ADDRESS		ATE REC'D, BY REGISTRAN	25h REGISTRAR'S SIGNATURE

ENTE BALLOCETT HOST HOSE THE BASE STREET STREET, ASSESSED AND the transfer of the second of District Control of the Control of t

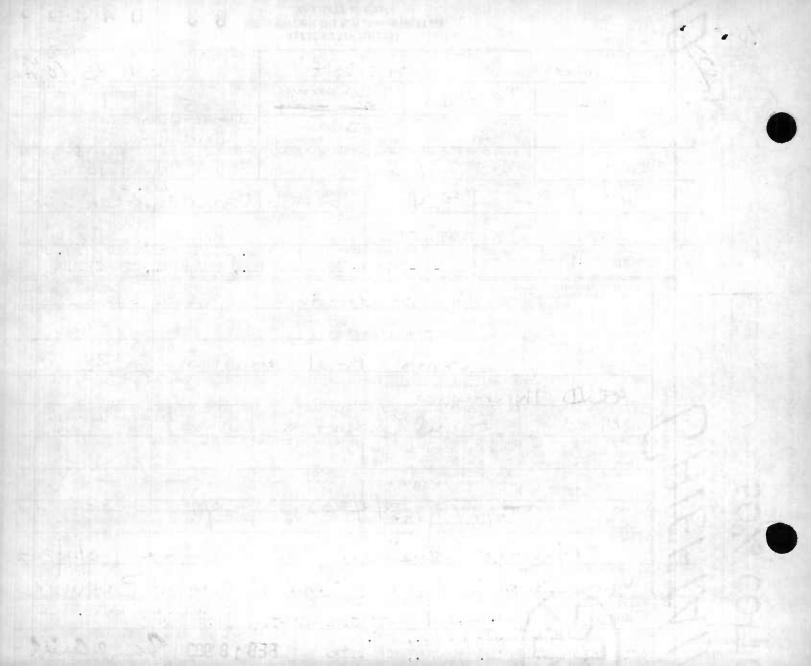
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

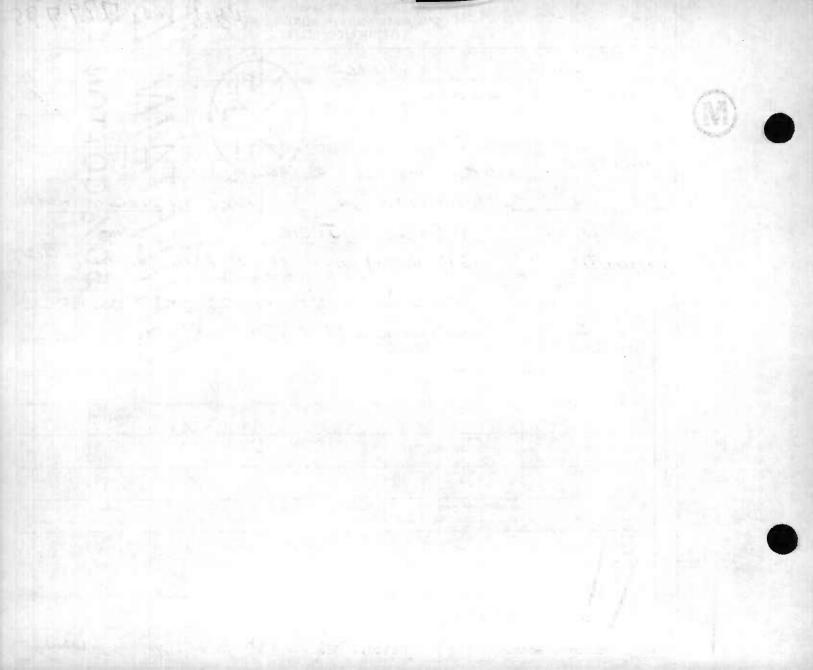
1983

DHMH - 16 50M 4/82 (VRA 15, 4)

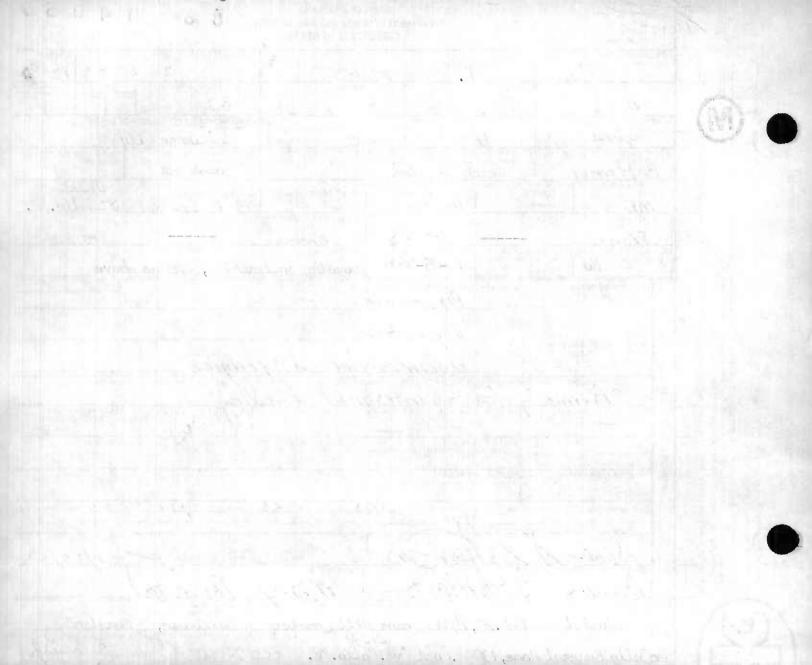
Committee to the second second to the second ENGL S E ENGLES class lti e ltv leading Horrison I a n 37t ... 6ale its ell- is cell to e, realty, all is

	4.	FOR STATE		DEPARTM	NENT OF HE	ALTH AND MENTAL HYG	IENE 8 3	0	40 5) 5
//		REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO			
1 115/	1. DE	CEASED NAME FIRS	1	MIDDLE	10,10	st and		YAG HTMOA	YEAR 26. HO	DUR 40
100	J. SE		4. RACE	/	100	MOTI	6. AGE (IN YEARS LAST BIRTH	0 11		DER 24 HRS
	3. SE	MALE	A	JCASIAN	MONIAL MONIAL	3 William Will	65	YRS.		
4 /4 X X	7e. B	RTHPLACE (STATE OR FOREIGH GERMANY		WHAT COUNTRY?	8. MARRIED	XX NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH	
1 17 11		and the second second second	USA		WIDOWED		Dalt	4		MD.
	10. C	Balt.		HOSPITAL, NURSING		ROTHER INSTITUTION	12ª USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF GROCER	MORKING LIFE)	126. KIND OF BUSI INDUSTRY FOODS	NESS OR
Z1Z		AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION.			THE PROPERTY OF THE PROPERTY O		APT. E		
in 24 lilled should must	130.	MD TO	COUNTY	130 CITY OR TOWN		YES NO 1	3306C	Jark's	Laye 21	215
within of the state of the stat	14. F/	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
omple and w		JOSEPH		MEYERHOFI			UNKNOWN			
and coages			S. ARMED FORCES? ES. GIVE WAR OR DATES)	166. SOCIAL SECUI			RS. SYLVIAPRIM			Е
TIMO on o		NO		655-14-7	7574	3326 CLARKS I	LA., BALTIMO	RE, MD		
BAL cote coper operation		18. CAUSE OF DEATH IEM PART 1. DEATH WAS C	ter only one couse per	ling for (0), (b), and	1 (c).)	` '			APPROXIMATE IN BETWEEN ONSET A	ND DEATH
ST., g ph onp			EDIATE CAUSE (0)	Cardia	<u>c</u> 0	irrest				
on indian confiner of the conf		5607	DUE TO, O	R AS A CONSEQUE	NCE OF .				21	
deo deo otte nove ottor raur		Conditions, if any, which		HYPOK	4510	N.			Ows	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. Ifter this certificate has been signed by the attending physician and campletely filled in b as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygene prior to buriol, cremation, or removal. The showcarp injury, or other traumatic event, the medical exaginer must be marked or from 18 showcarp injury, or other traumatic event, the medical exaginer must be more	1	couse (a), stating the underlying couse last	DUE TO, O	RAS A CONSEQUE	NCE OF	Bowel Ob	stuction		24400	v
S, 20 Juires u igned en ple buric ury, o	7	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
requestion of the control of the con	TIO	ASCUD	Hyper	tey5101						
I low re low re low re bernit. I le prior le pri	CERTIFICATION	190 DATE OF OPERATION	196. COND	D. OR WHICH	OPERATION	WAS PERFORMED	100 100	IN CERTIFYIN	VERE FINDINGS US NG CAUSES OF DE	ATH?
VITAL NISTER NYSICION ICOTE PR TONSIT P Hygien 18 show	ERTI	210. ACCIDENT WAS UNDERLYIN	4G 21b. TIME O	E IN II IPY	02	211. HOW INJURY OCCUR	YES NO	YES	NO	
Physical transcall transca	_	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DA		THE HOW INJOK! OCCOR	CED LENIER NATURE OF INJURY	IN HEM 18 PART	I ORPARI 2)	
ON OF HYSICIA Hding ph Hding ph Hding ph Horitel-h Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 21d, INJURY OCCURRED	21e. PLACE		19	ZII LOCATION	PLANTED SO			
DIVISION PHING PHI	ME	WHILE NOT WHILE THE AT WORK	/AT HOME STE	REET, FACTORY, OFFICE, FA	ARM ETC)	7 53465	CITY OR TOW	N	COUNTY	STATE
ADIN Cor Se o se o	5.0	220.1 certify that (I) (this			00/9	183 19	10 2/11	19.	83, that (1)	(we) lost
OTO of H		sow the deceased oli above, (1) (we) (did) (a	ve on lid not) view the bbdy	ofter death. 19 8	and and	that in (my) (our) opinion of	death occurred on the dat	e and hour or	nd from the couses	stoted
OR AT OR AT DIREC Oched f Dept. o	1	22b. SIGNATURE		(h	0	EGREE	MEDICAL STAFF		224. DATE SIGNE	D
PITAL OR by the high ERAL DIRG e detache State Dep		. 14	mant	Viu	My	ATTENDING PHYSICIAN	MEDICAL STAFF		2111	83
TO HOSPITAL Cretoined by the TO FUNERAL D should be detact with the State MPPORTANT: If		Murau	Sutin	/		Sinai 1	-lospital	of P	altimo	re
5 5 5 4 3 3	23a. I	BURIAL, CREMATION REMO	OVAL TIS DATE	23c. N	AME OF CE	METERY OR CREMATORY	2347884787 1 57	TOWN E	BALTO.	MD.
BP		SPECIFY BURIAL	FEB.	15,1985 P	ROGRES	SSIVE BENEFIT	& RELIEF AS	SSOC	madi O	LUME
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR SO	LEVINSON	& BROS.,	INC.	25a, DAT	E REC'D. BY REGISTRAR 2	Sb. DEGISTRA	R'S SIGNATURE	. 1
(VRA 15, 4)		6010 REISTE	RSTOWN RD.	BALTO.,	MD :	21215 Ft	B 1 8 1983	john.	A. Com	ux





À	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3) 4 0 5
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
page 3	1,,	James	ς F .	miles	2	24 83 1220
od od	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
- A		male	Cav	2 8 01	82 YRS.	MONTHS DATS HOURS ME
e (IVI)	7g. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
33		Maryland	I. USA	WIDOWED DIVORCED	Baltimore (i	tu
s offer to by the fulled with	10. 0	Baltimore	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET MERCU. HOSPIT		120. USUAL OCCUPATION (TYPE OF MORK FOR MOST/OF WORKING LI	12b. KIND OF BUSINESS (IFE) INDUSTRY
hour be f		AL RESIDENCE (IF NURSING HOME OF	DROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	21202
filled iould b	>	MD -	- Butto	YES NO	19 F Cen Le	StBalto.Md
mpletely ond 2 sho	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	
\$ tab 500		Frank		es Emma	WIDDLE	m. l. s
S 1 00	16a.	WAS DECEASED EVER IN U.S. A		IRITY NO. 17 INFORMANT	ADDRESS	
ond c		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOYOU) (IF YES, G	216-05-6	606 Dorothy Sata	terwhite, Same as	above
te by sers.		III. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
phys npop movent,		PART I. DEATH WAS CAUS	SED BY:			BETWEEN ONSET AND DEAT
ing rbor		DOD/ MMEDIA				
oth end end mat		3001	DUE TO, OR AS A CONSEQUE			
mov mov trou		Conditions, if any, which gave rise to immediate	(b) GSPIRE	1700		
by the		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	//. / ./ ./	./.	
+ p 2 0 5	1		(c) heuron		phagia	
signe signe Then p to bur njury,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TORM	WINACOUSEASE OR CONDITION GIV	VEN IN PART 110
e . o >	유	memia	- Castroli	itestinal olle	ding	
he low on. hos br t perm ene pr	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
Z & SOT 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUP	RRED (ENTER NATURE O INTRY IN ITEM 18	PART 1 OR PART 2)
SICIAN: ng physicantification of the second	18	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
G Ph er th s the ond ked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
7 - ~ 5 0 0		220.1 certify that (1) (this has	pital) attended the deceased from_	2/13 19 8	3, to 2/2.4.	. 19_ <u>\$</u> \$, that (I) (we) I
R ATTEN hospitol RECTOR ned for of H ipt. of H		saw the deceased alive a aboys, (1) (we) (did) (did a	notivities the biddy offer death	83, and that in (my) (our) opinion	death occurred on the date and ha	ur and from the causes stated
te pe pe		22h SIGHATURE	1 1. 1 0	DEGREE		22c. DATE SIGNED
the the Director		War /	1BUANT	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	1 3/10/82
by by Sto Sto	1	THE PHYSICIAN'S NAME ITHE	of sunti	22e. ADDRESS	_ Succion _ Intoleur	1 2/01/0
CO HOSPITA etoined by TO FUNERA should be de with the Stot		Millen	SSAMIAVX	MONIA	, Branton	
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined that the Store Important: If	22.	BURIAL, CREMATION, REMOVA	L 123b. DATE 123c. I	NAME OF CEMETERY OR CREMATORY	123d, LOCATION	
	230.	(SPECIFY)		1 11.11.6	CITY OR TOWN	COUNTY STATE
BP	24.5	UNERAL DIRECTOR	Feb. 25, 1983 (edan Hill (emetery		Maryland
DHMH - 16 50M 4/82		NAME	-ADDRESS	21230 250. DA	TE REC'D. BY REGISTRAR 256. REGIS	O CA
(VRA 15, 4)	M	Jully Funeral	Home. 130 E. Fort	Ave. Balto. I'd. FI	FB 2.8 1983 /200	ma coming



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE THE THE LUCIO SERVICE DE LE CONTROL DE LA CONTROL DE

Line Econott Ballingon a Dic 5 miles 137 20 27.00

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

				1
1818	700			
WED STATIST		Lawel	- TORYANDAR	
		T1.0 .14.15		
A STATE OF THE SECTION ASSESSMENT		author by Labora		a, 4
Tooling		154,54		
a ini estino om, in		beac-ar-are		
part of the special section of				

Will fire store dept. Or recommendent in the shows only injury, or other troumotic event, the medical examined must be halflied a

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

		REGISTRAR			CERTIF	ICATE OF D	EATH		REG. N	NO.			
	1. DE	CEASED NAME FIRST	. A	NIDDLE	L	AST		2a. DATE OF			DAY	YEAR	2b. HOUR
7	(TYPE	Gor PRINT)	don	L.	Mi	ller				2	28	83	1237 M
	3. SE	X	4. RACE		5. DATE C			6. AGE INY	EARS LAST B	RTHDAY)		ER I YEAR	IF UNDER 24 HRS
Ú)		Male_	Whi	te	MONTH 6	24	ზზ	75		YR	S.	DAYS	HOURS MIN.
	₹ø. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	WHAT COUNT	RY? 8.	NEVER A	ADDIED [9. BALTIMO	RE CITY	OR COU	NTY OF D	EATH	
5		aryland	U.S.	Α.	WIDOWE		ORCED	BACE	M.	ORE	TD	7	MD.
20	10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUF		R OTHER INST	ITUTION	12a. USUAL	OCCUPAT	TION OF WORKIN	IG LIFE) IN	KIND O	F BUSINESS OR Southern
28		Baltimore	RIZUN	STILL	OF M	RYLAN	5	Sale	sman		Su	pp1y	260 - HETTI
35	13 ₀ M	AL RESIDENCE (IF NURSING HOME STATE aryland		Balti	OWN More	13d. INSIDE C	TY LIMITS?	130. STREET . 2012	ADDRESS McH	enry	Stre	et	21223
00	14. FA	ATHER'S NAME FIRST George	MIDDLE	Mil	ler		MAIDEN NA/ Mamie	WE	WIDDLE			Re	noff
		WAS DECEASED EVER IN U.S.		166. SOCIAL S	ECURITY NO.	17. INFORMA			ADDI	RESS		212	23
	- (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	219-2	0-8147	Eliza	beth E	. Mill	er :	2012	McHe		
9	CERTIFICATION	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 5787 Conditions, if ony, which gove rise to Immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION	DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSE	OUENCE OF	NOT RELATED	TO THE TERM	uea	OPSY?	20b. IF	GIVEN IN	PART 110	IGS USED OF DEATH?
1	RT					Va		YES 🗌	NO		YES	3-1	NO 🗌
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER NOTIFY MEDICAL EXAMI		A. MONTH	DAY YEAR	ZIC. HOW IN	JURY OCCURE	RED (ENTERNA	TURE OF INJ	URY IN ITEM	18 PART I O	R PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET					CITY OR T	OWN	C	OUNTY	STATE
		220.1 certify that (+) (this has sow the deceased alive- above, (1) (we) (did) (std			0.0	d that in (my)	, 19 8 3 (ovr) opinion	death accurre		dote and	, 19 hour and		that—(H (we) last couses stated
		226. GIGNATURE	men	laun	cu.	1	TTENDING PHYSICIAN	MEDICAL DIRECTOR	ST/		2	21. DATE 2/28	SIGNED 283
1		ERTE S.	I ANNER	BAUM		220 ADDRES	of In	143 29 143 29	े सिंह इन	心型	かし、	MD	
		BURIAL, CREMATION, REMOV.			30 NAME OF C			23d. LOCA	ORTOWN		COU	NŢY	STATE
		Burial	3/3/8	3	Meadow	ridge M	lem. Pk	. Elk	ridge	e F	lowar	d M	aryland

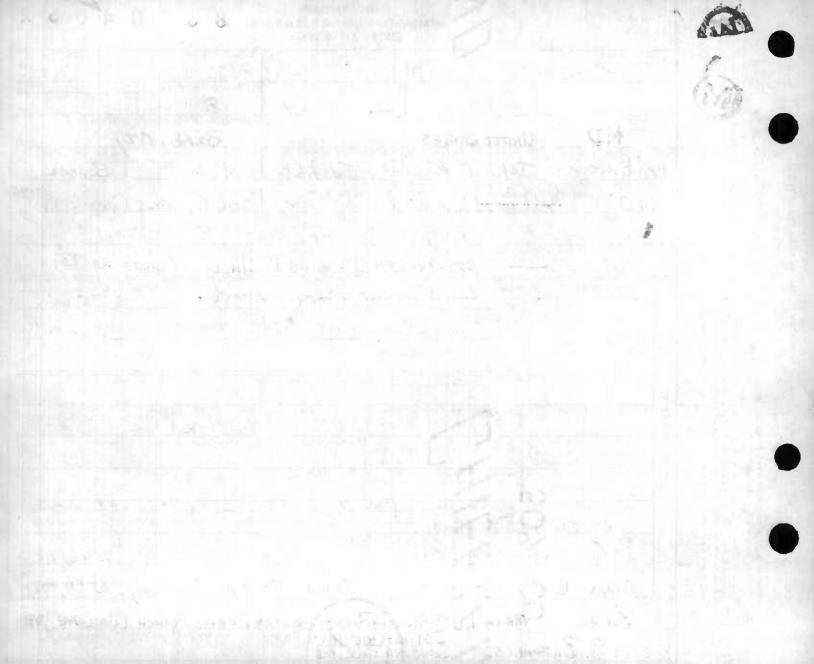
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

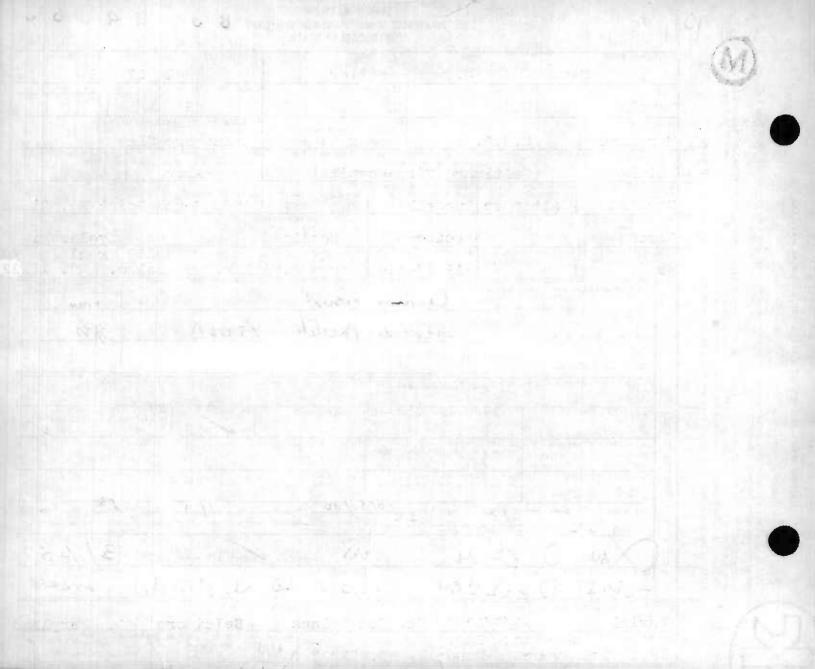
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

C D P D V 8 -----THE STATE OF THE PARTY OF THE P Con temperated of the military of the hardware two. well solled to the second of t Wildows I Tunogat Mars. Enc. 1777 Helena 1vi. 1881

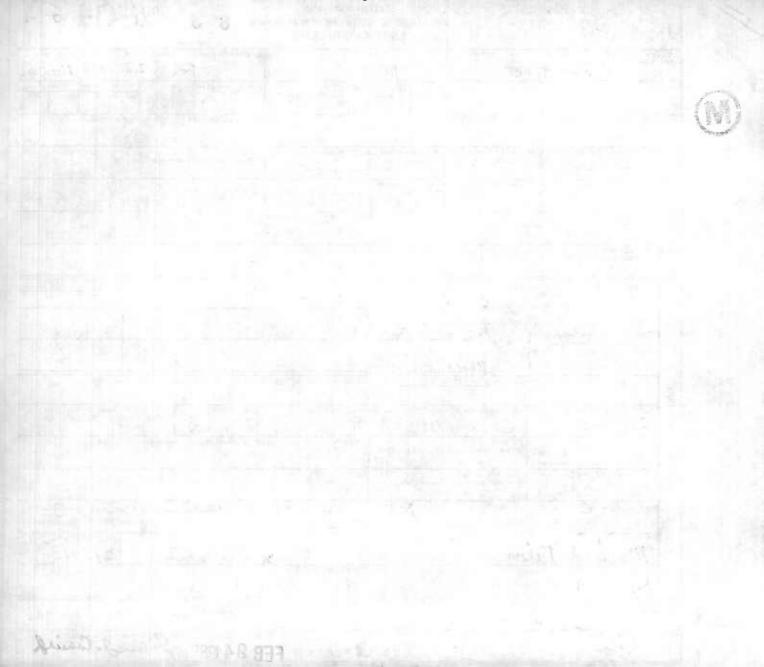
The same	1	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH		0 4	0 6 2
oth pe		CEASED NAME FIRST CORPRINTS KINDERLY	MIDDLE MIL	ler	01 1 -	MONTH DAY YEAR	26. HOUR A
oge 4 mo	3. SE	Female L) hite N OF WHAT COUNTRY? 8.	DATE OF BIRTH MONTH DAY GEAR 21 64	6. AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN.
the funeral death. For within 72 in		COUNTRY) MD. UNIT	ED STATES W	ARRIED NEVER MARRIED DOWNED DIVORCED DOWNED	ROLLA 120. USUAL OCCUPATI	CCTY.	MD.
in by the e filed will be notified	10	altimore / Joh	IN SUCH FACILITY, GIVE STREET ADDRE	dy INStitute	(TYPE OF WORK FOR MOST O	FWORKING LIFE) INDUST	D OF BUSINESS OR
ithin 24 ho itely filled ii 2 should be iine (must b		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE)	A, 136. CITY OR TOWN	J		iress Cre	elc Ro.
3 Zg O and lets		FIRST ALG AS TO STAND THE	Miller CES? 1166 SOCIAL SECURITY	FRANCE	S ENDOLE ADDRE	NaTSON	LAST
ificate be execut physician and co papers. Pages I naval.		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D.)		19 Douglas D.	HALL	(SAME AS	ROXIMATE INTERVAL
squires that the death cert signed by the attending Then please remove carbon to burial, cremation, ar rei njury, ar other troumatic ex	NO	Conditions, if any, which gave rise to immediate	TO, OR AS A CONSEQUENCE (b) TO, OR AS A CONSEQUENCE (c)	en cephalit	T'S	3 DITION GIVEN IN PART	months
The law reicion. Ite has been inside permit. Green prior	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
SICIAN: ing phys certifico urial-trail tem 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IME OF INJURY JR A.M. MONTH DAY P.M. LACE OF INJURY	21c HOW INJURY OCCURRI 19 21f LOCATION			A HIST
ATTENDING F septial or atte ICTOR: After t of for use as the i. of Health and	ME	AT WORK AT WORK 220.1 certify that (1) (this haspital) attend		street street 10 11 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18	city OR TO	26 19 83 ate and hour and from	_, that (() (we) lost the causes stated
by # by # ERAL Store		228. RHYSICIAN'S NAME (TYPE OF PRINT)	le vao.	ATTENDING	MEDICAL STAF	F /	26/83
TO HOSP retained TO FUNE should be with the V	230	BURIAL CREMATION, REMOVAL 23b. DA	TE 23c. NAMI	JEKL 70 OF CEMETERY OR CREMATORY SHIP BAPTIST CHURCH CEN	23d. LOCATION CITY OR TOWN	COUNTY, 12	CTO, PAD
DHMH - 16 50M 4/B2 (VRA 15, 4)	1	UNERAL DIRECTOR BARRANCE	501 R	TCHE HWY. 25 MAF	RECD. BY RECTEAN	ABBRISTRAP SIDE	AMERIK

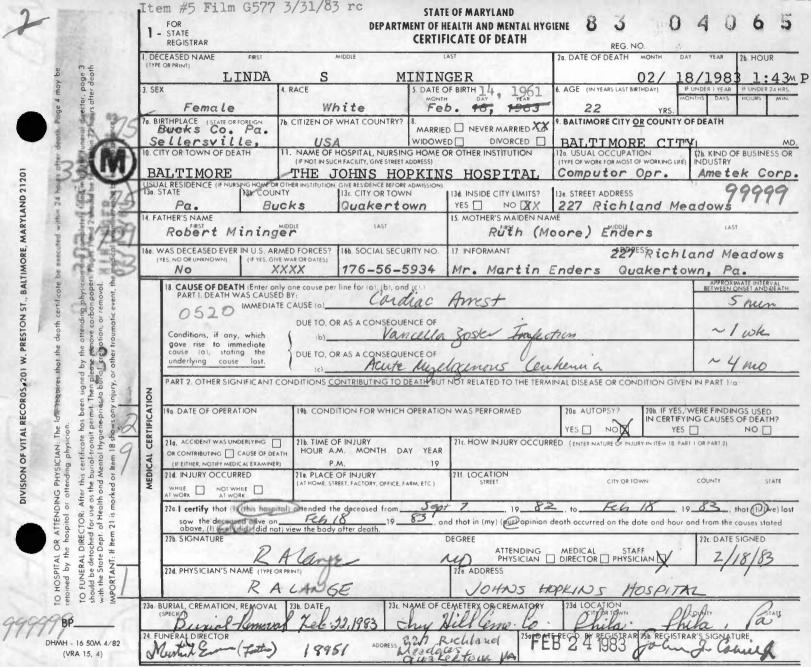




STATE OF MARYLAND

Item 23cPer Fb. call from F.H.





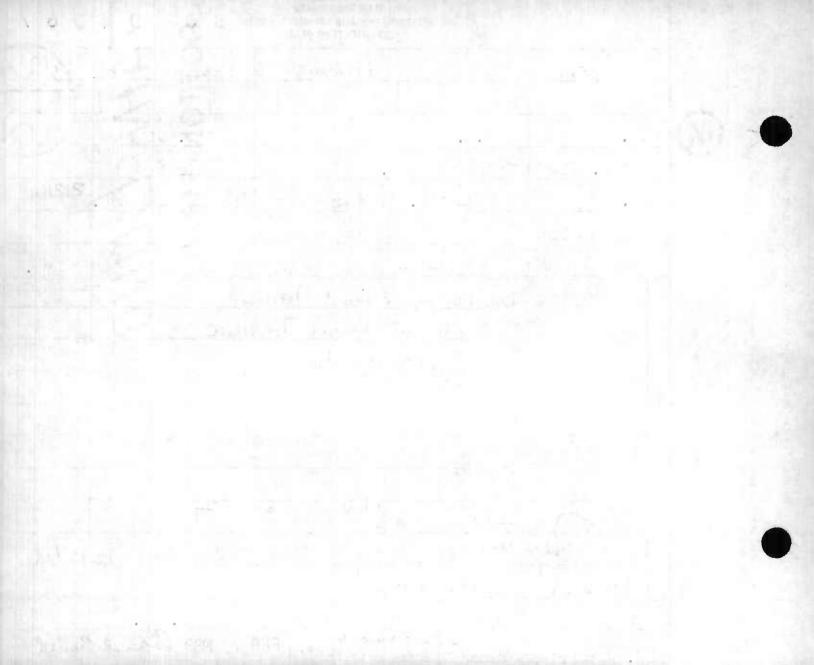
C O D THE C S TO THE PROPERTY OF THE OWNER. The state of the s IN THE RESERVE OF THE PARTY OF The second state of the se A STATE OF THE STA

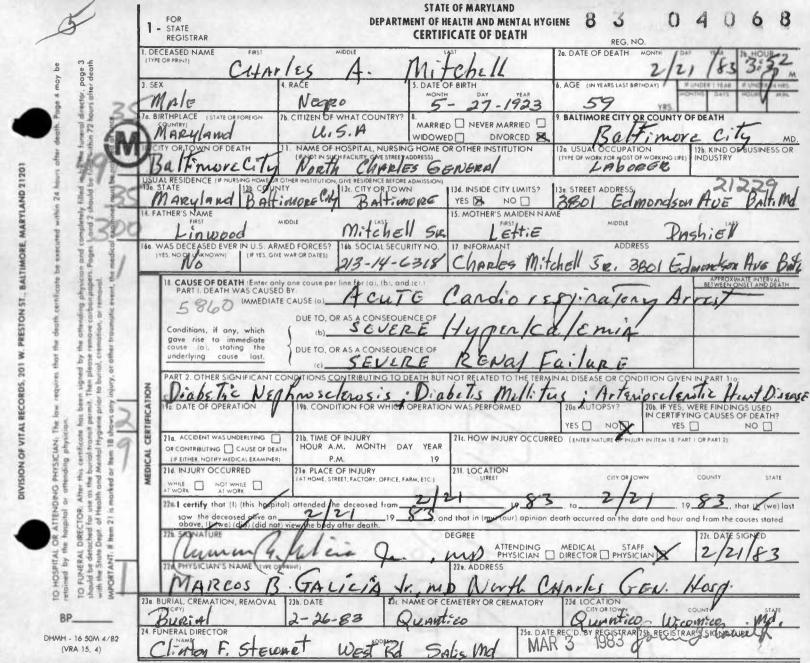
T	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3	0 4 0 6 6
nay be poge 3 :r deoth	{TYPE	CEASED NAME FIRST	athering Minnicl	CATHELINE	j	MONTH DAY YEAR 26. HOUR 45 126 2283 646 2
ctor, p	3. SE	Female	Cacesian	S DATE OF BIRTH MONTH DAY YEAR 26 1902	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
	5	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED MUDOWED DIVORCED	Baltimore City O	CHU M
a M	10.C	altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
The BS	USU:	AL RESIDENCE (IF NURSING HOME OF STATE 13b) COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Rd 21214
mpletel ond 2	14 FA	ATHER'S NAME FIRST CINKNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE	LAST
n ond co Poges 1		VAS DECEASED EVER IN U.S. AR		RITYNO. 17 INFORMANT	ADDRE 15 Con Cents	4700 Holord Ld
quires that the death cer signed by the attending hen please remove carba to burial, cremation, or rejury, or other traumatic eigury,	Z	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	_	lerotie deart	Dogewe	DITION GIVEN IN PART I(a)
he law ree on. has been i permit. T ene prior	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: TI trending physician r this certificate the buriol-transit and Mental Hygi ed or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH DA	19 21. LOCATION	RED (ENTER NATURE OF INJUR	
ALOR ATTENDING the haspital or or or IL DRECTOR. Aftered for use os te Dept. of Health if them 21 is mork		22a.1 certify that (I) (this haspi	at view the bady after death.	DEGREE ATTENDING	, 10	
retoined by TO FUNERA should be d with the Sto		22d PHYSICIAN'S NAME (TYPE OF	- VARGAS U	22e ADDRESS 60/1	Yorks .	21 : 2212
Bb 5 Show	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY Cremation		TAME OF CEMETERY OR CREMATORY	23d LOCATION	e, Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FI	UNERAL DIRECTOR	// Owings Mil	ls. Md.	BECD BY REGISTRAR	256. REGISTRAR'S SIGNATURE

\$ LAND SELECTION WITH THE britantion | Tel. 22, 1983 Weather Montains Peace Beltimore, Maryland The state of the s

	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE &	REG. NO	0	4 0	6. /
nay be poge 3		CEASED NAME E OR PRINT) A	FIRST		MIDDLE	1	1 INNIS	70. DATE OF I		MONTH DA	S 3	318
ge 4 may	3 SE	x Male		4 RACE Black		5. DATE C		6. AGE (IN YEA 87	RS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
		IRTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED			City	OF DEATH	WE
11 1/6	100	Balto. C	ity	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET HOS	ADDRESS)	OR OTHER INSTITUTION	120 USUAL O	CCUPATI	ION OF WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
ould be a	ISU I3a	AL RESIDENCE (IF NUR STATE Md.	SING HOME OF	R OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET A	DDRESS Belm	ont A	ve. 2	1216
ompletely 1 and 2 sh		Ahrham M	inni	MIDDLE S	LAST		15 MOTHER'S MAIDEN N. FIRST UNKNOWN	AME	MIDDLE	(max)	LAST	r
physician and ca anpapers. Pages I emaval.	160 \	WAS DECEASED EVER YES, NO OR UNKNOWN) YES		RMED FORCES? E WAR OR DATES)	213-01-		17 INFORMANT Edwin Min	nis So	ADDRE 1 ·32		lmont	Ave.
ss been signed by the ottendin ermit. Then please remove corb prior to burial, cremotion, ar- is ony injury, ar other troumotic	CERTIFICATION	Conditions, if ony gove rise to im couse 101, stoti underlying coust PART 2 OTHER SIG	mediate ng the e lost NIFICANT ((c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE		20b. IF YES,	WERE FINDIN	GS USED
s certificate has burial-transit per Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	AIR	DF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCU	YES RRED (ENTER NATU	RE OF INJUI	YES		NO []
After this certificate os the burial-tranalth and Mental Hymarked or Item 18	MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT W	HILE [7]		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
CTOR.		22a. I certify that (I sow the decea- obove, in (we) (22b. SIGNATURE	ed live on	~ X	19_	1	nd that in (my) (our) opinion					
etained by the hor TO FUNERAL DIREC should be detached with the State Dept.		22d. PHYSICIAN'S N	AME (TYPE O	GEB	REMA	RIM	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL DIRECTOR	STAF PHYSIC		12/5	183
BP	23a.	BURIAL, CREMATION SPECIFY) Burial	, REMOVAL	1	23c N B3 Ar	DILT:11	EMETERY OR CREMATORY S Memorial	Bal	to.	Id.	COUNTY	STATE
MH - 16 50M 1/76	24 F	UNERAL DIRECTOR			27,40, €	dine	neleson 250 DA	R 7 10	SISTRAR	OF REGISTR	AR'S SIGNATI	URE

STATE OF MARYLAND





2/21/883 54 Concles A Mitchell Got something a second of the property of Balfmen CTo But Chairs also sell Little Park Married Street Street and the second street the second street to be Acuse Candia expression and Scarze Happenka James SELLIRE REPORT Failure Declare Welfman Kenzes y Date Les Malle has ; Hetrainelenter Heat Warm 1 58 12/2 - 28 - 12/2 12/2 / Therene had on the second MARCON B GARRISTA LEGAR ROOM CHARLES GEVERHALL The second of th

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FEB

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

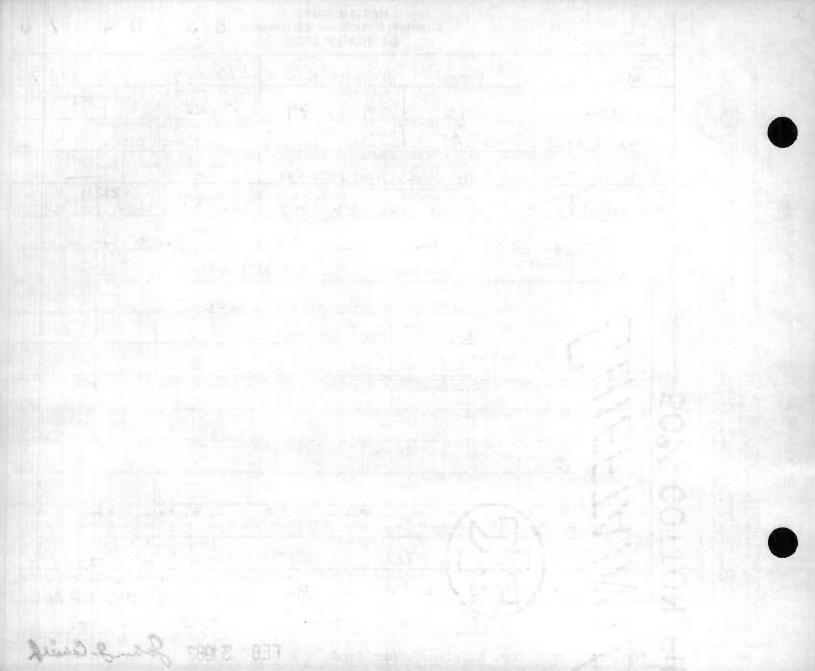
- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

THE PARTY OF THE P THE REPORT OF THE PROPERTY OF to a policy of the same the majority and the first of the same of the CHARLE YES ILLEAD Hamber of the own with the with the same of the same o

					OF MARTLAND	F3 9	~ 4	ers my my
	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY ICATE OF DEATH	GIENE & S	0 4	0 / 0
		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH		EAR 2b. HOUR
2 =	TYPI	MS LISSA	⊢ Ann	Mo	LINAR	2/2/83	2	1212 PM
0.0	3. SE		4. RACE	5. DATE C		6. AGE (INYEARS LAST BI	RTHDAY) IF UNDER I	
ARE IN		Fomus		Manth	DAY YEAR	3 YRS.		DAYS HOURS MIN.
IMI	A B	IRTHPLACE I STATE OF FOREIGN	TO CITIZEN OF WHAT COU		1014		YRS. OR COUNTY OF DEA	TH
Janes L		COUNTRY)	USA	MARRIE	NEVER MARRIED		ore City	
		MAR YLAND	11. NAME OF HOSPITAL, N	WIDOWE		120. USUAL OCCUPAT		MD. IND OF BUSINESS OR
led w	J	BALTIMORS	(IF NOT IN SUCH FACILITY, GIVE		11	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDU	STRY
5 3 37		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	212	211
Plant of the second		MEXLAND -		IMORE.	YES NO	2078 DRU		DRIVE
2		ATHER'S NAME			15. MOTHER'S MAIDEN N	AME		
pud of	1	MICHAEL	MODIE	ST 2	NAN(MIDDLE	GALL	LAST
La Ca		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADOR	EST 117717	Theil
Poges medico	(E WAR OR DATES)		Mr Michae	el L Molinar	Sa	nme
the u		NO I	I a Partie a	d d				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
physical property of the prope		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE			PIRATORY	ARREST	BET	WEEN ONSET AND DEATH
00000		3319 IMMEDIAT	E CAUSE (a)	D10 100-	THEATORY	HRICEST		
or cor			DUE TO, OR AS A CON	SEQUENCE OF	100-000			5d
atio propried		Conditions, if ony, which gave rise to immediate	(16) REY	ers by	NDROME			0 -1
or other troumatic		couse (a), stoting the underlying couse last.	DUE TO, OR AS A CON	ISEQUENCE OF				
d by lease int, c			(c)					
Then pl	N	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PA	RT 10
0 - 0 >7	ATK	190 DAJE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	
in de de	FF			-		YES NO	IN CERTIFYING CA	NO T
the burial-transit permi and Mental Hygiene pri ked or Item 18 shows an	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		
BI M		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT					
se as the burial-tr calth and Mental I morked ar Item 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
and o	ME	WHITE WOLMHITE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN COUN	STATE
1th of		AT WORK AT WORK			39 10 83	2 1	5	2
for use as af Health 21 is mort		22a.1 certify that (1) (this haspi	tal) attended the deceased	Com	nd that in (my) (our) opinia	o dooth or and on the d	19 8	that (I) (we) last
Dikections sched for us Dept. of He f Hem 21 is		abave ((1) (we) (did) (did na	t) view the body ofter death.					
Dept.		22b. SIGNATURE	11		DEGREE ATTENDING	_ MEDICAL _ STA	EE .	DATE SIGNED
deta deta		Jude A.	Hacker	MD	PHYSICIAN	☐ DIRECTOR ☐ PHYSIC	CIAN	3/2/83
I be St		22d. PHYSICIAN'S NAME (TYPE O		410	220 ADDRESS UNI	VERSITY OF	MARYLAN	10 HOSPITAL
should be deto with the State		TRUDEA	+ HAECKEY	2 MD	22 S. 9 REE	ING ST. B	AUT. MD	2/20/
- 5 } ≧	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	123d LOCATION		STATE
		(SPECBurial	2/5/83	Holy	Redeemer	Baltin	more, Nary	land
6 50M 4/82	24. F	UNERAL DIRECTOR				ATE REC'D. BY REGISTRAR	256 GISTRAR'S SK	GNATURE
0 50M 4/82 (15, 4)		Leonard J Ruck	Inc. Baltimo	ore, Maru	land F	EB 3 1983	Johns	- lahely



MITCHELL-WIEDEFELD HOME. INC.

MAR 8

6500 York Rd.

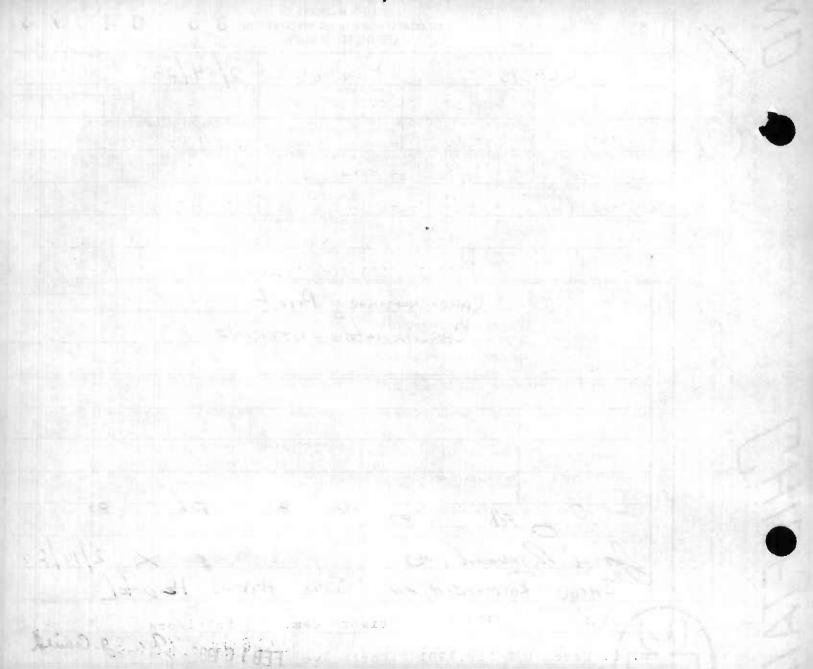
- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ico de la companya de alti or TEL .A GURLEN LANGE . E REME . E LANGE MAN DES E LE LA COLOR DE LA in later than the same of the The second of th

STATE OF MARYLAND

		fed: v au 10 30 m
THE SOURCE HOLD TO THE CAMPAGE STREET SHOT SHELL BEFOREVER.	that the many expression	
THE TOTAL CONTRACTOR OF THE PROPERTY OF THE PR		
AND EL CONTROPONAL DESCRIPTION OF THE STATE		Elizabeth E. J. School Statute
PROPERTY OF THE PROPERTY OF TH		MAN TO THE
The second of th	James of a subarray many	SAME AS SAME
The state of the s	poor of manda	A SALLEY AND ASSESSED.
The god one and a sound the sound of the sou	Cavillato Cavill	



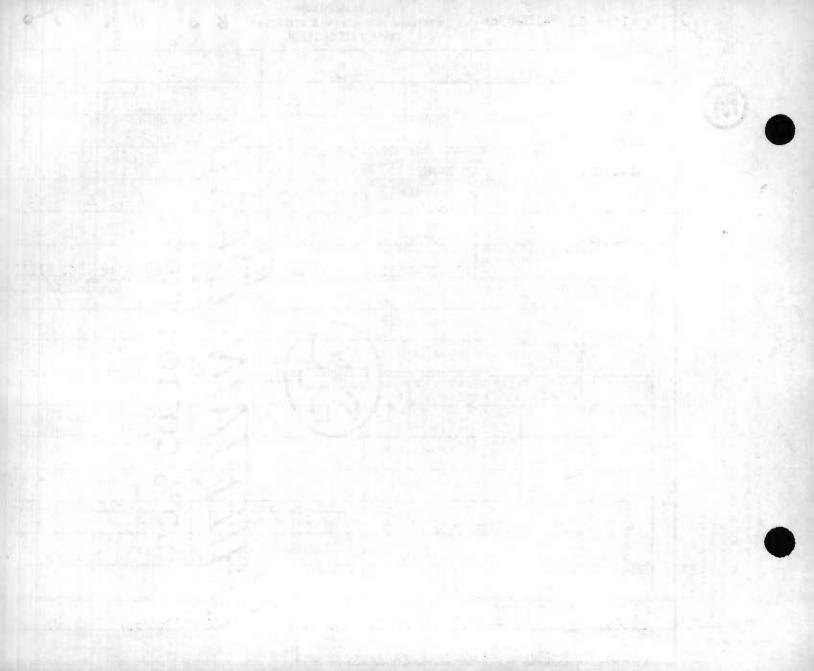
The state of the s 1-11-12 - 1-11-1 C with C - C E - n wy on significantly with the will work the war it is AND MARKET BEET STATE OF HE

Vernon R. Bailey

	DECEASED NAME FIR	ST MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR
1		rman Leo	Mo	ore	2	2 83
3. 9	EX	4 RACE	5. DATE OF I	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR
	Male	Black		2 13		RS.
70.	BIRTHPLACE (STATE OR FOREIC COUNTRY)		OUNTRY? 8. MARRIED	X NEVER MARRIED		
10	North Caroli		WIDOWED [Baltimore (
00	Baltimore	(IF NOT IN SUCH FACILITY AT H	OME	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired	ING LIFE) 12b. KIND C
130		OME OR OTHER INSTITUTION, GIVE RESILE COUNTY 13c. CIT		d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	Md.			YES NO	613 Cumberlan	d Street
20	FATHER'S NAME FIRST	WIDDIE	LAST	MOTHER'S MAIDEN N	1AME MIDDLE	LA
N	Sherman		Moore	Lillie		
1 160	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)		7. INFORMANT	ADDRESS	
/		212	-18-3160	Esther N	loore 613 Cum	berland s
	18 CAUSE OF DEATH (Er	nter only one couse per line for	(o), (b), and (c).)	0		BETWEEN
	PART I. DEATH WAS C	AUSED BY:	A onte	Cardio	a ARREST	2
	400		7	The section is		
	1360		CONSEQUENCE OF	ute Pass	RIC HERRINA	296 7-1
	Conditions, if ony, whi		//-	0 112/		-
	gove rise to immedia	ote 1				-
	gove rise to immedia couse (a), stating t		CONSEQUENCE OF	and a comme		
			CONSEQUENCE OF 5	ophperne	Vanicas	
NO	couse (a), stating to underlying couse la	DUE TO, OR AS A C	JTING TO DEATH BUT NO	1		
CATION	couse (a), stating to underlying couse la	TANT CONDITIONS CONTRIBLE LACE CANT CONDITIONS CONTRIBLE LACE LACE CANTER CONTRIBLE LACE LACE CONTRIBLE LACE	JTING TO DEATH BUT NO	OT RELATED TO THE TER	PANICES RMINAL DISEASE OR CONDITION [200 AUTOPSY? 200. 1	GIVEN IN PART 1
G TEICATION	couse (a), stating to underlying couse la	TANT CONDITIONS CONTRIBLE LACE CANT CONDITIONS CONTRIBLE LACE LACE CANTER CONTRIBLE LACE LACE CONTRIBLE LACE	UTING TO DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 206. I	F YES, WERE FINDI ERTIFYING CAUSES
ERTIFICATION	couse (a), stating to underlying couse la	ANT CONDITIONS CONTRIBUTE AND CONDITION FOR	UTING TO DEATH BUT NO LESS SYN ADDRIVED ON WHICH OPERATION V	OT RELATED TO THE TER	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IN CI	F YES, WERE FINDING CAUSES
L CERTIFICATION	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ANT CONDITIONS CONTRIBUTED TO SERVICE TO SER	UTING TO DEATH BUT NO. LIST Synd OR WHICH OPERATION V	OT RELATED TO THE TER	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 206. I	F YES, WERE FINDI ERTIFYING CAUSE:
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITION FOR CONDITION FOR ANT CONDITION FOR ANT CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CON	UTING TO DEATH BUT NO. LIST SAN AUTONOMORY ONTH DAY YEAR 19	WAS PERFORMED	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IN CI	F YES, WERE FINDI ERTIFYING CAUSE:
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX- 21d. INJURY OCCURRED	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 216 PLACE OF INJUR	ONTH DAY YEAR	OT RELATED TO THE TER	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IN CI	F YES, WERE FINDI ERTIFYING CAUSE:
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 216 PLACE OF INJUR	UTING TO DEATH BUT NO. LIST SAN AUTONOMORY ONTH DAY YEAR 19	NAS PERFORMED TIE HOW INJURY OCCU	RMINAL DISEASE OR CONDITION 200. AUTOPSY? YES NO NO NOTE JURNED (ENTER NATURE OF INJURY IN ITER	FYES, WERE FINDI ERTIFYING CAUSES YES MIR, PART I OR PART 2)
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALE EX 21d. INJURY OCCURRED WHILE NOTIFY MORK AT WORK	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 216 PLACE OF INJUR	TING TO DEATH BUT NO LIST SIGN A OR WHICH OPERATION V Y ONTH DAY YEAR 19 IRY ORY, OFFICE, FARM, ETC.) sed from 1911	TRELATED TO THE TER WAS PERFORMED TIC. HOW INJURY OCCU. TIL. LOCATION STREET	RMINAL DISEASE OR CONDITION 200. AUTOPSY? YES NO NO NOTE JURNED (ENTER NATURE OF INJURY IN ITER	FYES, WERE FINDI ERTIFYING CAUSE: YES (WIR PART 1 OR PART 2)
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJU AMINER) ANT P.M. 216. PLACE OF INJU ANT HOME, STREET, FACTO hospital) attended the decessions as a	ORY OFFICE, FARM, ETC.)	VAS PERFORMED TIE. HOW INJURY OCCU TII. LOCATION STREET	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NINCE URRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FIND EYES WERE FIND EXTENSION OF PART 2) COUNTY
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased oli obove, (1) (we) (did) (e)	DUE TO, OR AS A C (c) ANT CONDITIONS CONTRIBL L G C C U// 196 CONDITION FO OF DEATH HOUR A.M. MC AMINER 216. PLACE OF INJUR (AT HOME, STREET, FACTO hospital) offended the decess	ONTH DAY YEAR ORY OFFICE, FARM, ETC.) sed from 1983, ond to	NAS PERFORMED TILL LOCATION STREET Thot in (my) (our) opinio	PARCES RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200 I YES NO IN CI YES NO IN CI YES NO IN CI YES OR TOWN	FYES, WERE FIND CRITERING CAUSE YES COUNTY 19 4 5 hour and from the
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJU AMINER) ANT P.M. 216. PLACE OF INJU ANT HOME, STREET, FACTO hospital) attended the decessions as a	ONTH DAY YEAR 19 18 19 19 19 19 19 19 19 19	NAS PERFORMED TIC. HOW INJURY OCCU TIL. LOCATION STREET That in (my) (our) opinion GREE	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO TOWN CITY OR TOWN TO TOWN To TOWN To TOWN The death occurred on the date one	FYES, WERE FIND CRITERING CAUSE YES COUNTY 19 4 5 hour and from the
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased oli obove, (1) (we) (did) (e)	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJU AMINER) ANT P.M. 216. PLACE OF INJU ANT HOME, STREET, FACTO hospital) attended the decessions as a	ONTH DAY YEAR ORY OFFICE, FARM, ETC.) sed from 1983, ond to	NAS PERFORMED TIC. HOW INJURY OCCU TIL. LOCATION STREET Thot in (my) (our) opinio GREE ATTENDING	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO TOWN CITY OR TOWN TO TOWN To TOWN To TOWN The death occurred on the date one	FYES, WERE FIND ERTIFYING CAUSE YES with, part 1 or part 2) county hour and from the
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased oli obove, (1) (we) (did) (e)	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJU (AT HOME, STREET, FACTO tive on did not) view the body ofter de (TYPE OR PRINT)	ORY OFFICE, FARM, ETC.) Sed from 1983, ond to the control of the	TRELATED TO THE TER WAS PERFORMED TIC. HOW INJURY OCCU TIL. LOCATION STREET 19 THOSE IN (my) (our) opinion GREE ATTENDING PHYSICIAN 24 ADDRESS	PARCES RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO IN CI CITY OR TOWN TO 22 2 IN death accurred on the date onc MEDICAL STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDIERTIFYING CAUSE: YES with, PART 1 OR PART 2) county hour and from the
	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this saw the deceased of obove, (1) (we) (did) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJU (AT HOME, STREET, FACTO tive on did not) view the body ofter de (TYPE OR PRINT)	ORY OFFICE, FARM, ETC.) Sed from 1983, ond to the control of the	TRELATED TO THE TER WAS PERFORMED TIC. HOW INJURY OCCU TIL. LOCATION STREET 19 THOSE IN (my) (our) opinion GREE ATTENDING PHYSICIAN 24 ADDRESS	PARCES RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO IN CI CITY OR TOWN TO 22 2 IN death accurred on the date onc MEDICAL STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDIERTIFYING CAUSE: YES with, PART 1 OR PART 2) county hour and from the
MEDICAL	COUSE (O), stating to underlying couse lost part 2 OTHER SIGNIFIC PART 2 OTHER SIGNIFIC PART 2 OTHER SIGNIFIC PART 2 OTHER SIGNIFIC PART 2 OTHER PART 2 OTHER PART 2 OTHER PART 2 OTHER PART 2 OTHER PART 2 OTHER PART 2 OTHER PART 2 OTHER 2 OTHER PART 2 OTHER 2 OTH	DUE TO, OR AS A C (c) ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJUR AMINER 216. PLACE OF INJUR ANT HOME, STREET, FACTO ANT HOME, STREET, FACTO ANT HOME, STREET, FACTO ANT HOME ANT HOME ANT HOME TYPE OR PRINTI BAHKE	ONTH DAY YEAR 19 18 19 19 19 19 19 19 19 19	TRELATED TO THE TER WAS PERFORMED TIC. HOW INJURY OCCU TIL. LOCATION STREET THOSE IN (my) (our) opinion GREE ATTENDING PHYSICIAN Te. ADDRESS	RMINAL DISEASE OR CONDITION 280 AUTOPSY? 200 I YES	FYES, WERE FINDI ERTIFYING CAUSE: YES COUNTY A hour and from the
MEDICAL	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this saw the deceased of obove, (1) (we) (did) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	DUE TO, OR AS A C (c) ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL ANT CONDITIONS CONTRIBL 196 CONDITION FO P.M. 216. PLACE OF INJUR AMINER 216. PLACE OF INJUR ANT HOME, STREET, FACTO ANT HOME, STREET, FACTO ANT HOME, STREET, FACTO ANT HOME ANT HOME ANT HOME TYPE OR PRINTI BAHKE	ONTH DAY YEAR ORY OFFICE, FARM, ETC.) Sed from DEC. OTH. OTH. DEC. OTH. OTH. OTH. DEC. OTH. TRELATED TO THE TER WAS PERFORMED TIC. HOW INJURY OCCU TIL. LOCATION STREET 19 THOSE IN (my) (our) opinion GREE ATTENDING PHYSICIAN 24 ADDRESS	RMINAL DISEASE OR CONDITION 280 AUTOPSY? 200 I YES	FYES, WERE FINDING CAUSES YES COUNTY COUNTY 22c. DATE 22c. DATE COUNTY	

Calhoun

STATE OF MARYLAND



Baltimore, Maryland

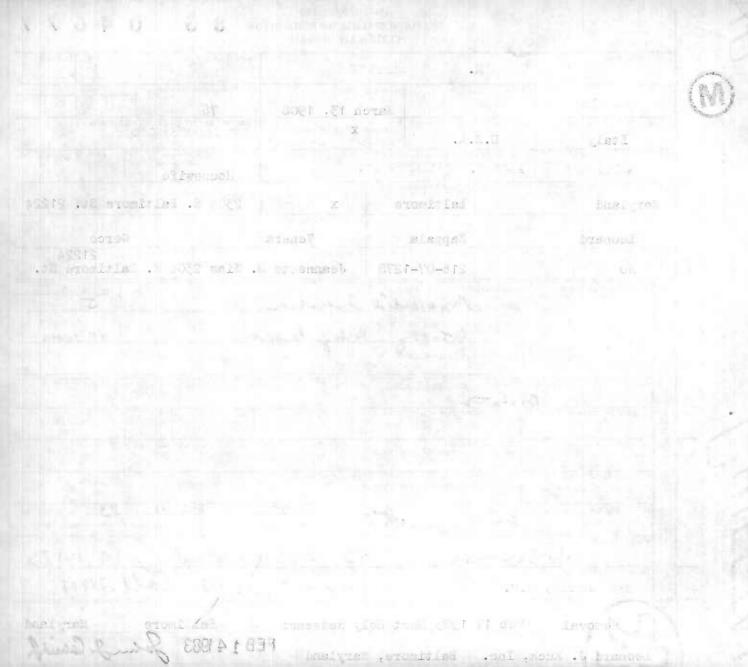
- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Leonard J. Ruck, Inc.

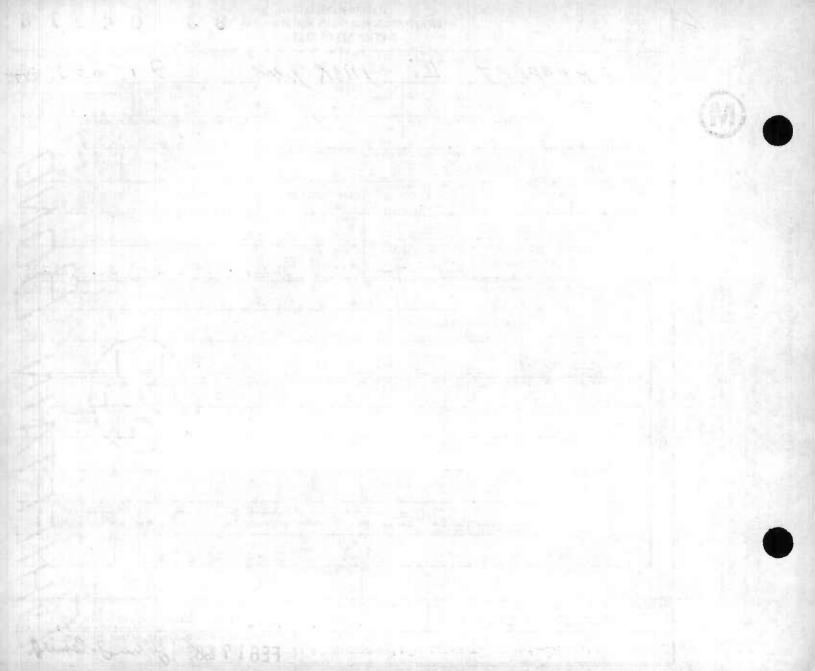
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BP.

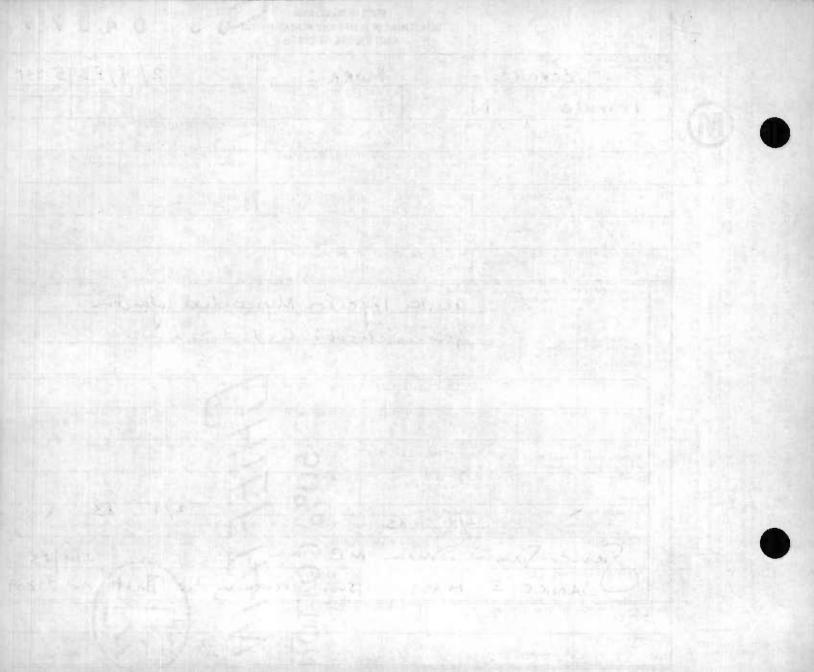
DHMH-16 30M 2/80 (VRA 15, 4)

/	V				STATE	E OF MARYLAND	esu. Prop	-	1 12	77 0
5	1 -	FOR STATE				EALTH AND MENTAL HYG	IENE 8 3	U	4 0	10
		REGISTRAR		Committee and the	ERIIF	ICATE OF DEATH	REG. N	o. '		
		CEASED NAME FIRST	MARG	ARET, L. I	MOR	GAN	20. DATE OF DEATH	MONTH DA	AY YEAR 2	b. HOUR
		MARGE	RET	L,	1	110K YAN		0 10	5 83	2:50A
	3. SEX	× FEMALE	4. RACE		DATE C		6. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
			WHI		Apr		61	YRS		
70	₩ BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	-	NEVER MARRIED	9 BALTIMORE CITY O			700
2		Maryland	U.		VIDOWE		Baltin	nore (City,	MD.
ir I		ITY OR TOWN OF DEATH		HOSPITAL, NURSING I		OR OTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND OF E	BUSINESS OR
54		Baltimore		ecour Ho	_	tal	nousewi	те		
20	I SUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	136. CITY OR TOWN	MISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
50		Md.		Baltimo	ra	YES 🔀 NO 🗌	3822 Sec	and C	(21	225)
Age	14. FA	ATHER'S NAME	MIODLE	_ LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	77944
10		Herbe		Brown		Alve	rta		Grice	1.75%
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SECURIT		17. INFORMANT	ADDRE			
1		No		216-62-9	153	Betty Hyne:	s, 1822 Se	econd		21225)
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		line for (a), (b), and (c	(1.)		1		BETWEEN ON!	TE INTERVAL SET AND DEATH
			TE CAUSE (0)	Cardiop	inch	many arres	t e			
		4029	DUE TO, O	R AS A CONSEQUENC	CE 95		1			
		Conditions, if any, which gove rise to immediate	(b)	Acute	VV	luonary be	-dems.			
		couse (o), stating the	DUE TO, O	R AS A CONSEQUENC		Colonia	ulan Direas		X 10.9	
		underlying cause last.	((c)	Hyperl						
11.	z	PART 2. OTHER SIGNIFICANT O	0. 0	ONTRIBUTING TO DEA	6	1 . 50.00	Λ		~	
.),	CERTIFICATION	190 DATE OF OPERATION	Cenel	TION FOR WHICH OP	111	ertensin, Seven		Vasa la		
7	FIC.	196. DATE OF OPERATION	198. CONDI	ITION FOR WHICH OP	EKATIO	A MAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES OF	F DEATH?
	ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME O	F IN ILIRY	_	21c. HOW INJURY OCCURR	YES NO	YES		NO 🗌
7		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DAY	YEAR	The right was an occount	ED (ENTER NATURE OF INJUI	T IN HEM IS PAR	(I) ORPAR(2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE		19	21f. LOCATION				
	ME	WHILE NOT WHILE		EET, FACTORY, OFFICE, FARM	, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this been	tal) attended th	e deceased from		2/14/ 1083	- tn 2	1151 11	083 46.	ot (I) (we) lost
		sow the deceased alive an abave, (I) (web (alid) (did no			, on	d that in (my) (our) opinion d	leoth occurred on the do	te and hour		. (-, ,,
		22b. SIGNATURE	t) view the body	ofted death.		DEGREE			22c. DATE SIC	
		gly st	al-		1	ATTENDING	MEDICAL STAF	F	1001-	3
1		22d. PHYSICIAN'S NAME (TYPE C	,			22e ADDRESS	DIVECTOR - PHYSIC	IMIT		
1		HARI K. RI	HASIN	M. I)		606 HAMMON	DS LANE	BALTO	21225	- Silve
1	23a. B	BURIAL, CREMATION, REMOVAL		Z3c NAA	AE OF CI	EMETERY OR CREMATORY	23d. LOCATION			
		SPECIFY) Burial	2/17			laven Mem.Pk	CITY OF TOWN	nie A	COUNTY	STATE - MA
		UNERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATUR	E · A
	CO	orms T Conce	4001 P-	t chiaspressor	Ral.	timoro Mol er	D 4 17 4000	ha C.	Y. [A]	44014



Wm C March F/H Inc. 1101 E. North Ave

(VR A 15 (4))



Smiths burg . Md

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

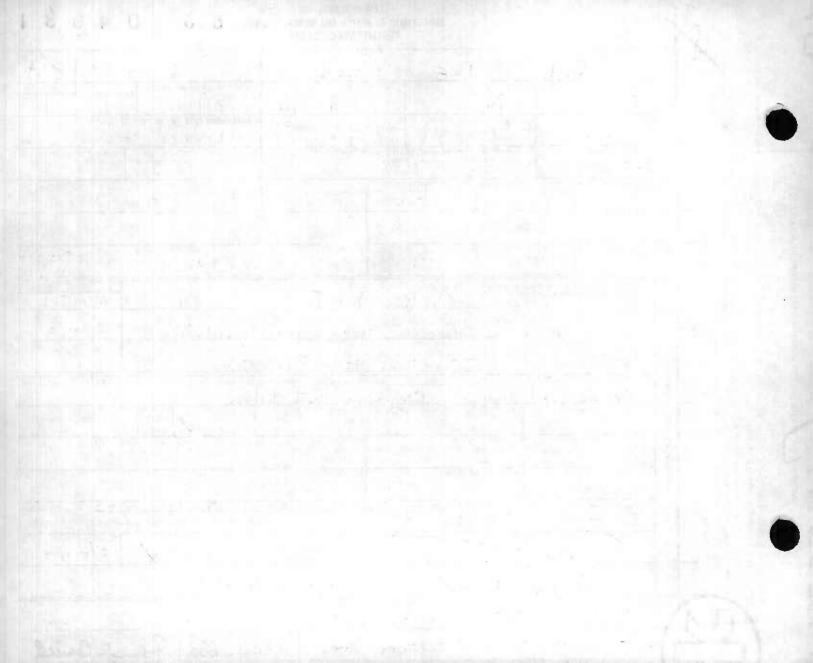
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

SERVICE OF THE CONTROL OF THE CONTRO 2012 77 0005 S AND COLD THE STAND TO PERSON AND SECOND THE STAND SECOND THE STAND SECOND THE SECOND for all the occurrence of the state of the s lleir. IOIATAN MAR 9 1983 Lang Caring



gove -

8	1 - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 4 0 8 2
13	1. DECEASED NAME FRST (TYPE OR PRINT) Theressa (Ter	esa)	Moud	20 DATE OF DEATH MONTH	14'83 7:11PM
	Female	Negro	5. DATE OF BIRTH MONTH 3 24 1906	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
PZ	70 BIRTHPLACE (STATE OF FOREIGN SOUTH Carolina 10 CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED NUMBER MARRIED NOVEL NOTHER INSTITUTION	Baltimore CITY OR COUNTY Baltimore C	
11 %	Baltimore SUAL RESIDENCE (IF NURSING HOME OF	Greater Penn	Nursing Home	(TYPE OF WORK FOR MOST OF WORKING	GL#E) INDUSTRY
11 35	Maryland 136 COUR		/N 13d. INSIDE CITY LIMITS?	1816 N. Col	21213 lington Ave.
1 and 2	Johnnie 160 WAS DECEASED EVER IN U.S. AR	Gourdin	ne Elizabe	WIDDLE	Brown
rs. Pages		N/A			N.J. ace; Jersey Cit
signed by the attending p hen please remove carbon to burial, cremation, or rem ijury, or other traumatic evo	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNAL	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	while illell	AINAL DISEASE OR CONDITION O	GIVEN IN PART 110
f permit	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
burial trans Mental Hyg or Bern 18 s	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DEA	P.M. 21e. PLACE OF INJURY	AY YEAR 19 21t LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	
After the steep of the condition of the	AT WORK AT WORK	(AT HOME, STREET FACTORY, OFFICE F	STREET STREET	city or town	COUNTY STATE
ERAL DIRECTOR Share Dept. of H ANT: If from 21 in	saw the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	t) view the bady after death.	DEGREE ATTENDING PHYSICIAN	death accurred an the date and h	22¢ DATE SIGNED
Medit to FUN	230. BURIAL, CREMATION, REMOVAL	10000	4. D 1235 E. M	lonument St.	Salt. Minz
16 50M 1/81	(SPECIFY) BURIAL 24 FUNERAL DIRECTOR		own's Chap Bapt	CITY OR TOWN	COUNTY STATE S. C. ISTRAR'S SIGNATURE

HOLE WELTH

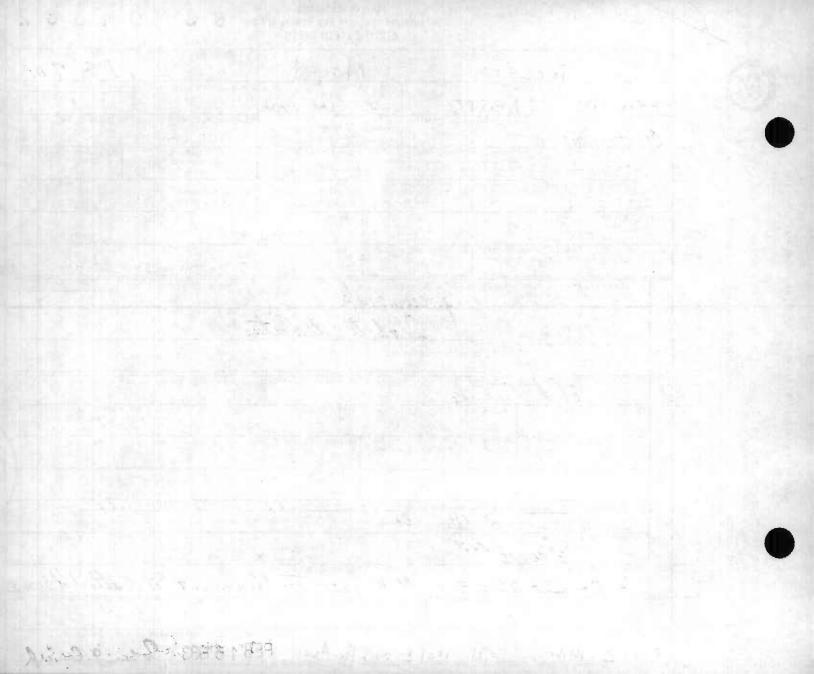
FEB

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.



20M 4/B2

hem Esecuti

TERROTORS

MONE of the contract of the Money

. de entrelate 210-01-1005 A Marginia L. Len Sich Morganiside Cu.

Bon Iveral

Teb. 17, 1937 Free Louis Committee W Unlifence Creantion

Loonerd J. Back, Inc. Balchence, marked 113 7 Fills 34



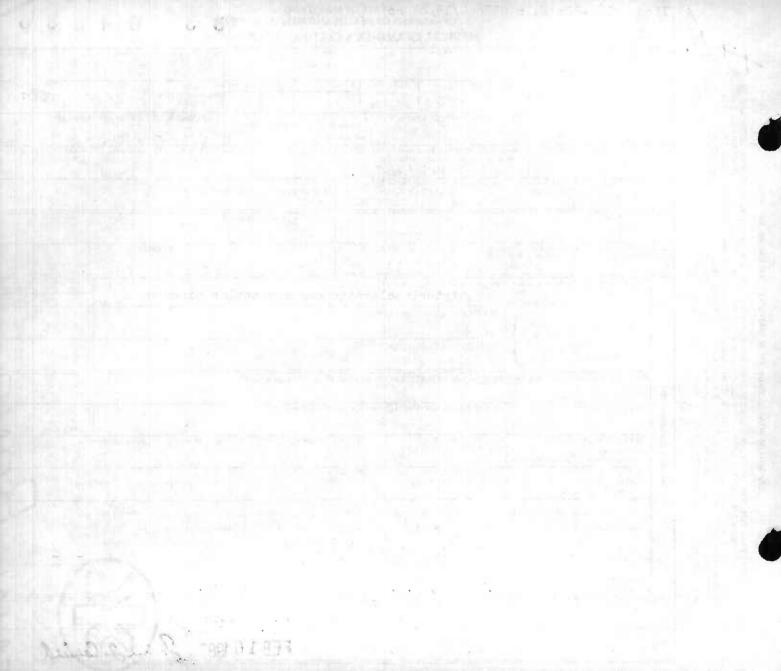
U.S.A. U.S.A. (1970) Construent Language Construent Language ground fall raryland Beltimore 21224 - 1 1851 Joon Shiel and in branch a statement of the second of this, of grounding that men braderougo, of do the Labrica

Milliam n. Johnson Lean Look week mil. FEB 241983 January Carl

			STATE OF MARTLAND	-643	and the same
1	FOR - STATE	DEPART		GIENE & S	14085
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. D	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1 117	PE OR PRINT)	au F	Murahia	02	01 83 21120 R
3 5			15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	M	W	MONTH DAY YEAR	65 YRS	MONTHS DAYS HOURS MIN.
700	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1 5/	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	COUNTRY	USA	WIDOWED DIVORCED	CITY	MD
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR INDUSTRYPainter
1020	DACIO, 19D.			RETIRED	***************************************
130	STATE 136 COUI	NTY 13c. CITY OR TOV	/N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	75 And #21229
14.1		TOTAL DIFFE	15. MOTHER'S MAIDEN NA	ME CONTRACTOR	CAS TIME. "
	FIRST NIC	MIDDLE			LAST
160	WAS DECEASED EVER LT-5	AND FOREST 166. SOCIAL SECT	JRITY NO. 17. INFORMANTMIS.	Dorothy Moresshy	
Ye	S CANK	TWK 217-09	-8152 CHAR	T Ave., Balto.	, Md. #21229
		nly ane cause per line for (a), (b), ar	nd (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н			AC ARREST		36 min.
	4149 IMMEDIA				
	Con Per Manager		. 1)		5 1.00
	canditians, it any, which	(b) CO 704 W	4 Bypas surjen	7	o ms
	cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF DI		V
	underlying cause tast.	(coros	nary breary 0	sease	Jeans.
-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
Q	Chronic Obst	ructino Lung	1) isecuse and Ma	Stide Myocarde	a Infarction
13	190. DATE OF OPERATION	196. CONDITION FOR WHICH		20a AUTOPSY7 20b. IF YI	ES, WERE FINDINGS USED
ĮĚ	02-01-83	Covonary Ar	tery Disoase		IFYING CAUSES OF DEATH?
1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR		
		AIN .			
X					
ME	WHILE O NOT WHILE O			CITY OR TOWN	COUNTY STATE
	22a.l certify that (1) (this hosp	ital) attended the deceased from.	19.802	to I February	, 19 8 3 , that (1) (we) last
11	saw the deceased alive an	01 Feb: 19		death accurred on the date and ho	our and fram the couses stated
	22b, SIGNATURE	atti view the bady after death.	DEGREE		122c, DATE SIGNED
	Hod	0. 751	ATTENDING	MEDICAL STAFF	0 000
-	THE PHYSICIAN'S NAME	an kin		J DIRECTOR PHYSICIAN	102-01-85
	1-1/1	- 1 M		Greene St	Balto Md
230	BURIAL, CREMATION, REMOVAL	111(0)0		23d LOCATION	1
	Burial	Feb.4,1983	0	Balto.	COUNTY STATE
	FUNERAL DIRECTOR Schwa	ADDRESS	Y.C.I MAC	TE REC'D BY REGISTRAR 258 REGIS	STRAR'S SIGNATURE CLA
1	. It withfull ochan	4-213	124		
	1. D (17) 3. S 10. C (13) 14. F 160 Y (2) 230.	1. STATE REGISTRAR 1. DECEASED NAME [TYPE OR PRINT] 3. SEX 10. CITY OR TOWN OF DEATH BACTO. 10. CITY OR TOWN OF DEATH BACTO. 113b. COUNTRY 114. FATHER'S NAME FIRST 115c. COUNTRY 115c. COUNTRY 115c. COUNTRY 116c. WAS DECEASED EVER IT—5 117c. COUNTRY I. DECEASED NAME [ITTPE OR PRINT] J. SEX J. RACE J. R	DEPARTMENT OF HEALTH AND MENTAL HYG REGISTAR DECASED NAME INTERCEPTION INCIDENT OF DEATH INCIDENT OF DEATH INCIDENT OF DEATH INCIDENT OF BIRTH MONIN DAY INCIDENT OF TOWN OF DEATH INCIDENT NOW BOOM OF OTHER INSTITUTION INCIDENT OF TOWN OF DEATH INCIDENT OF TOWN OF DEATH INCIDENT OF TOWN INC	FOR STATE	
STATE OF MARYLAND

11--11to 11--7 Charles of the contract of the

47.	FOR STATE	da-22a Fi		DEP	3/83 rg ARTMENT (AL EXAM	OF HEALTH	H AND ME	ENTAL H				0	4	0 8	3 0
	REGISTRAR ECEASED NAME (PE OR PRINT)			MID			LAST	LATE		20. DATE	REG.	MOI MOI	NTH D		
		John		K			rray				ESTI- MATED		. 11	198	3
13. 58	ale	1 RACE		DAY Y	YEAR LAST BI	THDAY) MONT		IF UNDER		20. DATE	NCED	MON 2	1 1 1	AY YE.	14 77
	BIRTHPLACE (SI	Black	7b. CITIZEN O			YRS.	77-		_	9. BALTIA		Y OR CO	UNITYO	19	1
	OREIGN COUNTRY)	lina	I COLUMN	. S . A			VED ANEV	VER MARRI DIVORC	IED L	Balt		_		, DEATH	
10	Baltimor		(IF NOT IN SU	CH FACILITY.	L, NURSING HI GIVE STREET ADDRI Heights	SS)	HER INSTITUT	TION	12a. USU	AL OCCU	PATION	(TYPE OF WO	DRK 12b.	KIND OF OR INDU	BUSINESS
USU 13a. :		IF IN NURSING HOME	OR OTHER INSTITUTIO	N. GIVE RESI	DENCE BEFORE ADA	AISSION)	13d INSIDE (II	TY LIMITS?	13e. STRE	ET ADDRI	ess Arav	le A	ven	ue :	21201
14. F	ATHER'S NAME FIRST Norma		WIDDLE		Murray		IS. MOTHE	R'S MAIDE			MIDDLE			LAST -	
160.	WAS DECEASED YES, NO, OR UNKNO Yes	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166	2 1 5 - 1 4	IRITY NO.	17. INFORM	TANT	B11 1 1	ock.	ADDRE		id	H i 1 1	L Ave
F	18. CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly ane cause per	line far (e									T	APPROXIM	ATE INTERVAL
NOI	PART 2 OTHER SIG	SNIFICANT CONDITIONS	(c)CONTRIBUTING TO O	EATH BUT NO		TERMINAL OISEAS			RT 1 (a).						
23	90. DATE OF	OPERATION	19b. CO	NDITION	FOR WHICH C	PERATION W	AS PERFORA	MED?					20	AUTOPS	SY?
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN	CAUSE WAS	DEATH HOUR	P.M.	NTH DAY Y	EAR	OW INJURY	OCCURRE	D (ENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 C	PART 2)	YES [] NO X]
MED	21d. INJURY O WHILE AT WORK			, FACTORY, F	JURY (AT HOM ARM, ETC.)		CATION			CITY OR TO	WN		COUNTY		STATE
	death resulted	Nem	ge of the remains ral causes X,	Accin	d above, held a	Syicide	Hamici TITLE (SP	PECIFY)	Undete	Inquiry rmined mi	anner [and in m], DA		2-12-	83
1	TYPE OR PRIN	vii) <u>Den</u>	nis F.				ADDRESS_	111 F							
,	BURI		2/17/	83	Md.	Veter Veter			23d. LOC	CATION PRIOWN POWN	svil	lle (COUNTY	37	Md.
	m. C.	^{TOR} March F	ADD ADD	RESS	101 7		2	FFR '		REGISTRA	AR 25 RE	GISTRAR	'S SIGN	ATURE	



DHMH - 16 50M 1/81 (VRA 15, 4)

APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH 21c. HOW INJURY OCCUBRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 201 E. University Pkwy. Balto. 21218 BURIAL 2/22/83 Laurel Md. Nat. Mem Pk. Md. 24 FUNERAL DIRECTOR Wm.C.March F/H Inc.1101 E.North Avenue

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

7b HOUR

126 KIND OF BUSINESS OR

Waters

21771

2n DATE OF DEATH

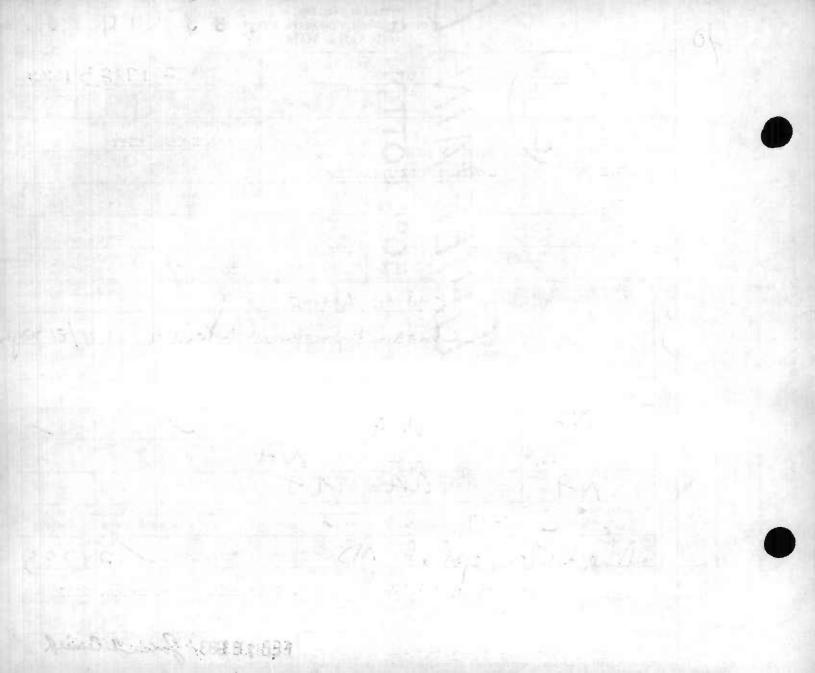
FOR

- STATE

TYPE OR PRINTS

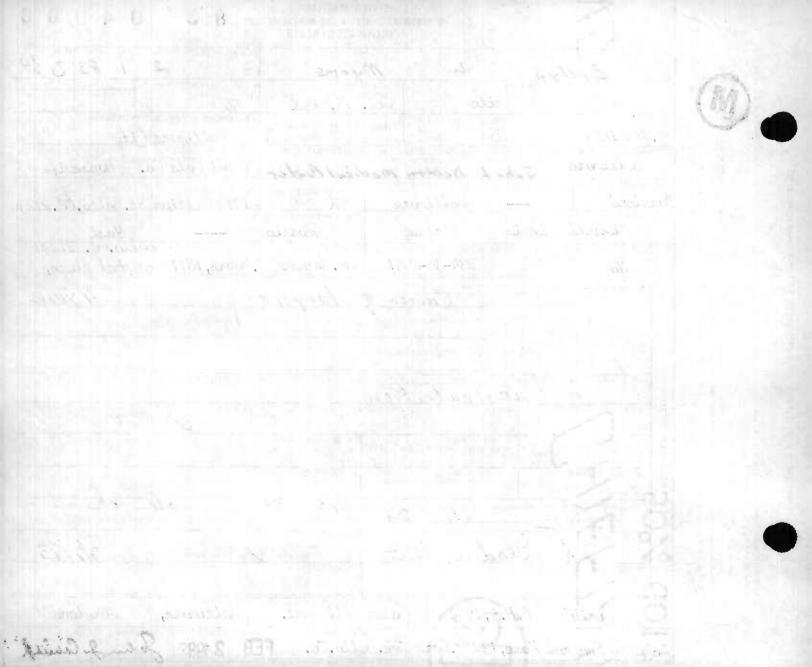
REGISTRAR

DECEASED NAME



	1	- STATE REGISTRAR			CERTIFIC	CATE OF DEATH	REG. NO	0.		5,45
1		CEASED NAME FIRE E OR PRINT) EVEL		MIDDLE L.	m.	1ers	20 DATE OF DEATH	MONTH 2	DAY YEAR	26 HOUR 30
1	3 SE		4. RACE Whit	e	S. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
65		IRTHPLACE (STATE OR FOREIC COUNTRY) Vinginia	Th CITIZEN OF USA	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	_	OF DEATH	MD
Delined ()	10 C	Bultimore		HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	other Institution	120 USUAL OCCUPATION OF WORK FOR MOSTO	ON IF WORKING LIF		avife
ed blue	3a.	AL RESIDENCE (IF NURSING H STATE 136 ryland	COUNTY	130 CITY OR TOW Baltino	re	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS	iam St	Balto.	M 2123
100	14 F	RUSSELL	Lewis	Bartrug		s. MOTHER'S MAIDEN NA Georgia	WIDDLE		Yost to Md.	1
. Poges		WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES. GIVE WAR OR DATES!	234-38-20		7. INFORMANT Mr. Bernard (. Myers, 1811			
popers novol.		18 CAUSE OF DEATH (ER	CAUSED BY:	er line for (a) (b), and	dicii	larvua			BETWEEN C	WATE INTERVAL ONSET AND DEATH
motic e		1617		DR AS A CONSEQUE	ENCE OF	in file				
tremotic			ote)	DR AS A CONSEQUE	ENCE OF					
Ne burial mjury, or	N O	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIV	EN IN PART LIC)
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	. YES NO	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
inf-troms		210. ACCIDENT WAS UNDERLY I OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY L.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	PART 1 OR PART 2}	
thed or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
for use of Health	č	220.1 certify that (this saw the deceased all above, (1) five) (did) (ive on	d/ 19	73_, and	11/3 , 19 8 3 that in (my) (aur) apinian	, to death occurred on the do	ate and hav		that et (we) last causes stated
detacked ate Dept. rt. If Nem	8	22b. SIGNATURE	Glad	u m	D- 01	GREE ATTENDING PHYSICIAN	MEDICAL STAP	FF IAN 🔲	22c. DATE	SIGNED 83
to FUNERAL Haulit be det	0	22d PHYSICIAMS NAME	(TYPE OR PRINT)			22e ADDRESS				
513		BURIAL, CREMATION, REM (SPECIFY) Burial	A eb. 5,	1983 [236.1	edar	METERY OR CREMATORY emt.	Baltimon	e,	Maryl	and STATE
						1230 25a. DAT			0	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



#21229

- Jackson on essite . Lit. . attra . M. ering. IN salmanic City 215-05-5957 | Figure 1007 : A. Harris | 215 825 Butt 7 Peb. 27, 1983 Lewing E. Pelin. O. Truman chard 5151 Batto. at 1. 2180 cm - STATE

INDUSTRY Heavy Equipmt, 1216 Dellwood Avenue ADDRESS Mrs. Nancy Nace 1216 Dellwood Avenue 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE 3 and that in (my) (%) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN [STATE 2-14-83 Burial Holly Hills Mem Gar Baltimore 21220 24 FUNERAL DIRECTOR Burgee Funeral Home, Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER 1 YEAR

2b. HOUR

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

DHMH - 16 50M 1/81 (VRA 15, 4)

Subruare 10, 1983 LES LEGAL ... SM1, 7 towns stiff -J. -.o-'fl' ulting think o originate the country souther. lale mail coe firm offi - 1:1:00 ----'35-1/54 215 20 5925 are, later too 1215 (211:00) avenue 21213 with the collision of the later of the control of t ere emound one, leltinore, revolute ere transcription.

	- STATE REGISTRAR			E OF DEAT		REG. NO.			
	CEASED NAME FIRST	MIDDLE	Na	de l	2	25/83	NTH DAY	YEAR	5.3
3. SEX	× F	Cauc.	5. DATE OF IN		AR 6 AFE	THE YEAR BASIC	YRS.		HOURS I
N	Yew York	CITIZEN OF WHAT COUNTRY?	WIDOWED			TIMORE CITY OR O	re. Mo	DEATH Ci	
	Balto.	University F	ADDRESS) Tospita		(TYPE C	programment of well to be usewife		DUSTRY	500111
13a. S	AL RESIDENCE (IF NURSING HOME OR OF THE NURSING HOME OR THE NURSING HOME OR THE NURSING HOME OR THE NURSING HOME OR THE NURSING HOME OR THE NURSING HOME OR THE NURSING HOME OR THE NUR	13t. CITY OR TOW	N 13d. YE:	NSIDE CITY LIA	XX 92	REET ADBelt 7 Masef	imore ield	, Md.	212
	Frank	Liebe	1	Marga	aret	MIDDLE		Firm	ac
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE V		AND RESIDENCE OF THE PARTY OF	rs.Cl		ield Rd	.,Bal	to.,M	Id.
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR & ALONS DOUBLE	Lalia DEATH BUT NOT	did.	HE TERMINAL D	isease or condit	ION GIVEN IN	N PART 110	
ATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH	OPERATION WA		20a	AUTOPSY?	Ob. IF YES, WE	RE FINDING	SS USE
TIFICATION			OPERATION WA		20a YES	_ /	Ob. IF YES, WE N CERTIFYING YES [RE FINDING G CAUSES C	F DE AT
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	19b. CONDITION FOR WHICH	21c.	S PERFORMED	YES	_ /	N CERTIFYING YES VITEM 18 PART I	G CAUSES C	NO [
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	AY YEAR	HOW INJURY (LOCATION STREET 19 t in (my) (our) (YES OCCURRED (En	NO MITTER NATURE OF INJURY I	N CERTIFYING YES NITEM 18 PART I	COUNTY I from the co	PF DE AI
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital saw the deceased of your operated on the deceased of your operated).	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F)) attended the deceosed from 19 view the body after death.	ARM. ETC.	HOW INJURY (LOCATION 1 in (my) (our) of	YES OCCURRED (En	CUTTER OF INJURY I	N CERTIFYING YES NITEM 18 PART I	COUNTY I from the co	PF DE AT
WEDICAL 230 B	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspital saw the deceased olve on above, (I) (we) idid fold not). 22b. SIGNATURE 22d. PHYSICIA WE (TYPE OR P.	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F)) attended the deceosed from 22 21c. No. 19 22 23c. No. 19 25c. No.	ARM. ETC.	HOW INJURY (LOCATION 1 in (my) (our) of the Physic Address	YES OCCURRED (En opinion death or DING MED DING DIREC	CUTTER OF INJURY I	N CERTIFYING YES N ITEM 18 PART I	COUNTY I from the co	of (I) (viuses sto

5151 Belto.Nat'l.Pike #21229

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbandopers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Port Comment of the C (ntillibe deceltion Experience Aper well Bulte. Enlyaretty Hourital Houseafte ... Palte. Balte. XX 1927 Function with Annorth dannaged Legali dannaged. No. 24 - 20-1555 Mrs. Clarcord F. Rande - 2212071 The Electrica of Corners and find the decision of the first decision memory . . .

4517 PARK HEIGHTS AVENUE

DHMH - 16 50M 7/77 (VR A 15 (4))

LEWIS T. GWYNN

	.0,	.E	*
3, 19.7		OJEVIL.	a
	**	lo di	Contact was a
			ERVEDIAG
X	No Lilias	C.	GL. Die
QATE !	404	Ü	L. U

213 C7 C493 ILLUT 35.5 21215

A KIND A COME OF BUILDING STATES

. D. L. L. 2/19/33 A BUTH M. LLL N. N. LLL . . (E. 190.) ED.

15 1 33 12:11

2 5

STATE OF CITY

35:5 NEEN .VEHE

- STATE

REGISTRAR

Male

IN CITY OR TOWN OF DEATH

8728 Liberty Rd., Randallstown, Maryland 21133

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE

Albert

(STATE OR FOREIGN

VA

4 RACE

DECEASED NAME

BIRTHPLACE

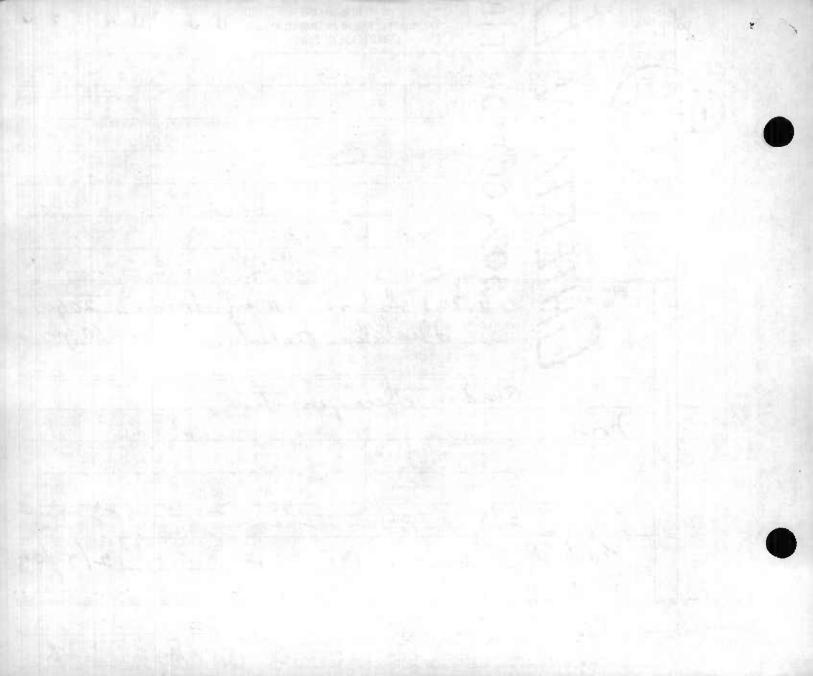
COUNTRY

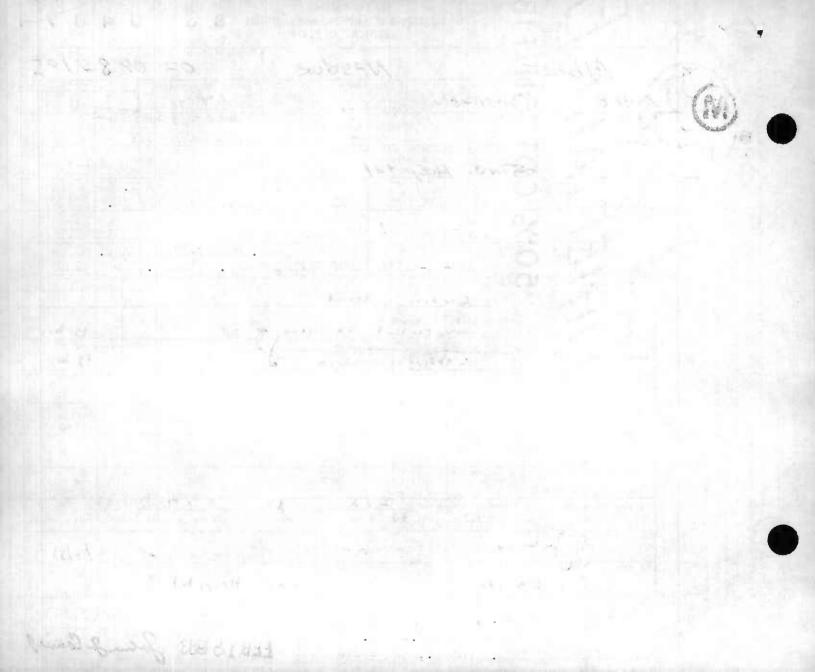
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 2b. HOUR David 83 6:00a.m 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 19 MONTH 11 YE AR White 06 76 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Baltimore City U. S. A. DIVORCED [

	Baltimore	City	2909	HEACILITY, GIVE STREET ADDRESS) Wayne Ave.		(TYPE OF WORK FOR MOST OF WORKING LIFE) Retired - Pepsi	INDUSTRY Cola Company
		NG HOME OR OTH 13b COUNTY	ER INSTITUTION	give residence before admission) 13c. CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2909 Wayne Ave.	21207
14. F	ATHER'S NAME FIRST LEO	MIDO	l£	Nardini	15 MOTHER'S MAIDEN NAM	ME MIDDLF	Dini
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	U.S. ARMED		166 SOCIAL SECURITY NO. 220-07-5044 A		Alva Nardini ve., Baltimore, M	D 21207
CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediote 3 the last. IFICANT CON	DUE TO, OF	diac De	Complement of Washerformed		WERE FINDINGS USED ING CAUSES OF DEATH?
MEDICAL CI	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT AT WORK AT NOT WHAT 22a. I certify that (I) saw the decease abave, (I) (was 1d 22b. SIGNATURE	AUSE OF DEATH AL EXAMINER) ED LE	HOUR A.I P.I 21e PLACE ((AT HOME, STR attended the 2 w the body	M. MONTH DAY YEAR M. 19 DF INJURY FEET, FACTORY, OFFICE, FARM, ETC.) E deceased from after death.	211. LOCATION STREET 19 45 nd that in (my) () opinion of the physician () DEGREE ATTENDING PHYSICIAN () 22e ADDRESS	CITY OR TOWN CITY OR TOWN TO	that (I) (**) last ond from the causes stated. The DATE ONED 2
	BURIAL, CREMATION, I		36. DATE 2/7/8		TEMETERY OR CREMATORY ne Park	23d. LOCATION	altimore MD

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item should be detached for use os with the State Dept. of Health TO FUNERAL DIRECTOR:





200	1	FOR - STATE REGISTRAR		DEPART	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	0 0	0	409
		CEASED NAME FIRST	VNA	MIDDLE	NATO	LE		MONTH DAY	YEAR 26 HOUR 83 3 15
	1 SE	F	4 RACE)	5 DATE OF BIRTH	YEAR OS	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNI	
3		IRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	U.S		MARRIED NEVER	NORCED [Baltimore CITY O	_	EATH
1 34	1	Balto.	BON .	SECOUR-	S HOSPI	TAL	(TYPE OF WORK FOR MOST OF Cleaning	WORKING LIFE) IN	b. KIND OF BUSINESS (DUSTRY & O .
BS SE	13a.	Md.	AE OR OTHER INSTITUTION OUNTY	130. CITY OR TOW Balto	N 13d INSIDE	NO 🗌		Balto., talou St	
ompletely ond 2 s		ATHER'S NAME FIRST Augustiva	WIDDIE	Parke		's maiden nam Lirst ulah	MIDDLE		Winkelman
S. Poges		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	, ARMED FORCES? S, GIVE WAR OR DATES)	215-24-6		arbara 1	Ironga te Yeinger	Md. 2	Sykesville 1784
by the case remote out or compare to the contract of the contr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	r as a conseque	NCE OF		,		
os been signed sermit. Then ple te prior to burio	FICATION	PART 2 OTHER SIGNIFICA CHYPTY (PA 190. DATE OF OPERATION	nyshin lu	art failer	DEATH BUT NOT RELATED LEW HILL OPERATION WAS PERFO	pulmona	1 \	20b. IF YES, WER	
rig purysicion: certificote hos been significote ronsit permit. Then entol Hygiene prior to bu ltem 18 shows ony injury.	SICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND	TION FOR WHICH	OPERATION WAS PERFO Y YEAR 19	pulmona DRMED	vy surbeli,	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
ins certificoto been sign buriol-tronsit permit. Then I Mental Hygiene prior to bur or Item 18 shows ony injury.	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 216 TIME C HOUR A P 21e PLACE	and failum ition for which of injury m. Month da	OPERATION WAS PERFO	pulmena Brmed NJURY OCCURR	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURE) CITY OR TOW	20b. IF YES, WER IN CERTIFY ING YES YES YES YES YES YES YES YES	RE FINDINGS USED CAUSES OF DEATH?
After this certification. After this certification been signification of the benefit in their often and Mental Hygiene prior to but marked or Item 18 shows only injury.		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (this h sow the deeosed office of the obove, () (we) (did (di)	196 COND 196	OF INJURY OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATION WAS PERFO Y YEAR 19 211 LOCATI SIREE 3 ond that in (my	MUMENA DRMED NJURY OCCURR ON	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFY ING YES 1 YIN ITEM 18 PART 1 O	REFINDINGS USED CAUSES OF DEATH? NO
LD IRECTORS After this certificate has been sign rached for use as the buriol-transit permit. Then, e Dept. of Health and Mental Hygiene prior to build Item 21 is marked or them 18 shows any injury.		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a Lerrify that (1) (this h sow the deveosed oliv obove, (1) (we) (did (did 22b. SIGNATURE)	196 COND 196 COND 196 COND 196 COND 216 TIME C HOUR A HOUR A HOWE, ST Ospitol) ottended the cond on 2 1 not i view the body	OF INJURY OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATION WAS PERFO Y YEAR 19 211 LOCATI STREE 3 . ond that in (my DEGREE H D	DRMED NJURY ÓCCURR ON 1 19 Our) opinion d ATTENDING PHYSICIAN	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURE) CITY OR TOW	20b. IF YES, WER IN CERTIFY ING YES YES YES YES 19 20 21 21 22 23 24 25 26 26 27 26 27 27 28 29 20 20 20 21 21 22 23 24 25 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20	THE FINDINGS USED CAUSES OF DEATH? NO
After this certificate has been sign se as the buriol-transt permit. Then ofth and Mental Hygiene prior to bur marked or Item 18 shows ony injury.	MEDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (this h sow the deeosed office of the obove, () (we) (did (di)	196 COND 196 COND 196 COND 196 COND 216 PLACE (AT HOME, ST 20 on 19 oftended the state of t	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F office deceased from office deceased.	OPERATION WAS PERFO Y YEAR 19 211 LOCATI STREE 3 ond that in (my DEGREE H 1) 22e ADDRES	DRMED NJURY ÓCCURR ON 1 19 Our) opinion d ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW COTH OCCUPTED ON THE DELLA STAFF	20b. IF YES, WER IN CERTIFY ING YES YIN ITEM 18 PART 1 O	PREFINDINGS USED CAUSES OF DEATH? NO

FEB16 EEB3 Jang Conjug

(VRA 15, 4)

Latination to the state of the acceptance of the same of the contraction of the co style 1-112 s. leda see z, oe en v and the second second massaria promission of respect to the second second a water a water is water to be a first of the water of the water and a water of the same a water of

FOR - STATE

STATE OF MARYLAND

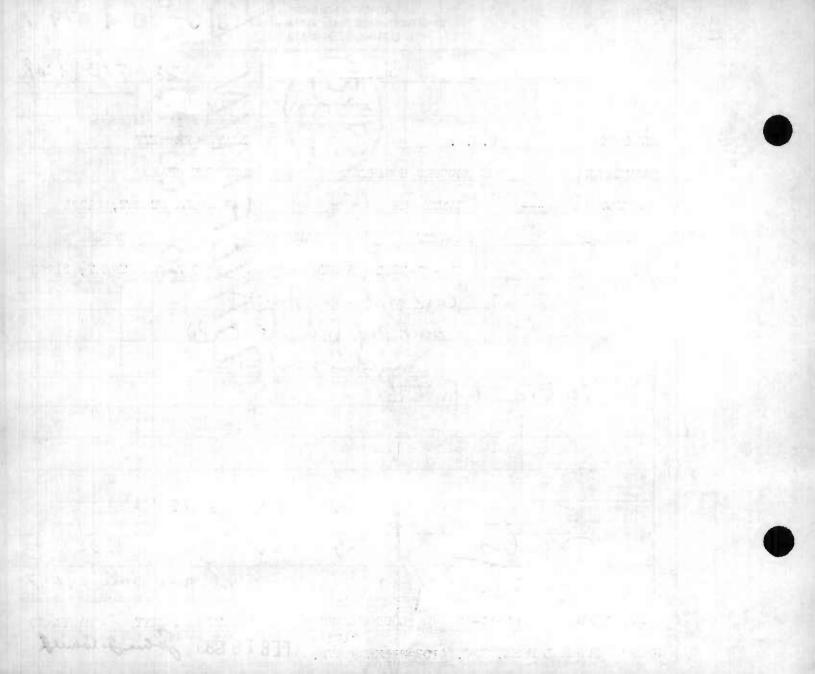
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	25	REGISTRAR			CERTIF	ICATE OF D	TAIN	REG.	NO.		
		CEASED NAME		MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
				LEROY		BITT			2	15 83	9.20 Pm
	3. SE:	2 1	4. RACE		S. DATE C		YEAR_	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	
		Male	W		month.	18	08	74	YRS.	MONTHS	HOURS MIN
	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	NTRY? B			9 BALTIMORE CITY		Y OF DEATH	
1		ILLINOIS	U,	S.A.	WIDOWE	D NEVER M	ORCED	BALTIMOR	E CITY	7	MD
,	[0 C	ITY OR TOWN OF DEATH			URSING HOME (STREET ADDRESS)	OR OTHER INST	ITUTION	120 USUAL OCCUPA		12b. KIND (OF BUSINESS OR
5	I	BALTIMORE	BON		RS HOSPI	TAL		SECURITY		(FE) INDUSTRY	
	UNIV	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE	BEFORE ADMISSION)		1	•			
5	150	MARYLAND	ONIT	RAT.T	IMORE	13d. INSIDE CI	NO [13e. STREET ADDRES 2047 EAGL		ET 211	223
-	14. FA	ATHER'S NAME		i Dilli	LITORE	15 MOTHER'S			H OIKE	1119 212	223
h		FIRST COLLAND TO THE	MIDDLE	LAS			A NICITIES	MIDDLE		CDIDE	
_	16n V	CHARLES VAS DECEASED EVER IN U.S.	A BANED EODGESS	NESBI'	SECURITY NO.		ANCHE	ADD	RESS	GRUMB:	LNE
3			GIVE WAR OR DATES)	100 SOCIAL	SECURITY NO.	17 INFORMAN	VI				
		NO		214-	03-3692	EVELYN	McMUL	LEN 2047	EAGLE	STREET	, 21223
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per	line for (a), (b), and ich i	1	4	1_	THE	BETWEEN	XIMATE INTERVAL
			IATE CAUSE (a)	Ca	rdio /nl	morar	7/146	1			
		4700	DUE TO O	R AS A CONS	SECULENICE OF	0	0	2.0	37.75		2-1-1-1-1
		Conditions, if ony, which	(, ,)	A	Ent. Re	sh. will	m 2.7	e copp			
П		gave rise to immediate couse (a), stating the)				1	0.0			
		underlying cause last	DUE 10, 0	R AS A CONS	SEQUENCE OF	1- to	cast	Parline			
		PART 2 OTHER SIGNIFICAN	T CONDITIONS S	ALITOIR DILAC	LODEAVILLE	JVVV-C V	TO THE TERM	- COUNT			
	Z	Arrel	CONDITIONS	NIKBUING	S TO DEATH BUT	NOTRELATED	IO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	а
	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR W	HICH OPERATIO	NI WAS DEDECT	MAED	200 AUTOPSY?	Table IE VE	S, WERE FINDI	NOCALCE
7	FIC,	THE DATE OF OTERRITORY	178 COND	THOMASOK W	TICH OFERATIO	IN WAS FERFOR	KMED		IN CERTIF	FYING CAUSES	S OF DEATH?
H	ERT	21g. ACCIDENT WAS UNDERLYING	[]	Valua 3		In House		YES NO		S 🗌	NO 🗌
		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH	DAY YEAR	ZIC HOW INJ	URY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 4	PART I OR PART 2)	
	CA	(IF EITHER NOTIEY MEDICAL EXAMI		M	19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE		EFICE, FARM ETC)	21f. LOCATIO	N	CITY OR	TOWN	COUNTY	STATE
	~	AT WORK NOT WHILE		etr, thereat, o	er ice, i anni e i c j						
П		220.1 certify that (1) (this has	spital) ottended th	e deceased f	rom	28-	, 19	10 21	1-83	19	that (I) (we) last
1		sow the deceased alive abave, (I) (we) (did) (did	on A	Steen death	19 83 , or	nd that in (my) (our) opinion o	death accurred on the	date and how		
		226 SIGNATURE	ndi view hie body	oner death.		DEGREE		1		22c DATE	SIGNED
		19	ac T	4			TENDING HYSICIAN	MEDICAL ST	AFF	2-	16-63
I	Sec.	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS		0 01	1	0 00	1217
		DARSHAN	1. S. St	チレレプ	1 sul	1600	0 197	MOYNE A	we 1	satto a	2/2/
	23a B	URIAL, CREMATION, REMOV		166	23¢ NAME OF C		REMATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
	_	CREMATION	02-17	-83	LOUDO	N PARK	Lates	BALTIMOR		M/	ARYLAND
		INERAL DIRECTOR		ADDI	RESS	21229	25a DATE	RECID. BY REGISTRA	R 2 b RECUST	RAR'S IGN	TURE
	H	UBBARD FUNERAL	HOME, I	NC. 41	07 WILKE	NS AVE.	LCG	181983	Jour .	~~~	- Marie

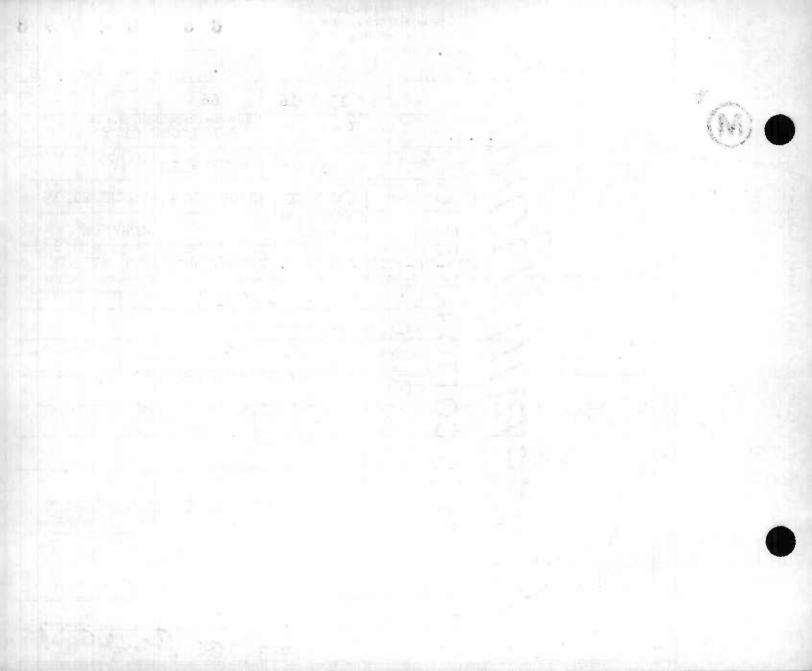
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows any



FOR



IMPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, or ather troumotic event, the medical e

poge 3 er death

STATE OF MARYLAND	D***	201
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	-
CERTIFICATE OF DEATH		

)	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0.	4 1	0 0
		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Paul	W.	Nicho	lson	Feb. :	11, 19	183	М
	3. SEX	X	4 RACE	5. DATE C	F BIRTH OAY YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS.
J		Male	White	Jun		67	YRS.	DISTRIBUTE DATS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	XXNEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
7	No	rth Carolina	U.S.A.	WIDOWE		Baltimo	re Cit	СУ	MD.
3		altimore	11. NAME OF HOSPITAL, II (IF NOT IN SUCH FACILITY, GIV So. Balti			12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Welder			ron
5	730. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COUI Md •	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 314 Audi	rey Av	THE	21225)
0	14. FA	THER'S NAME William		nolson	15 MOTHER'S MAIDEN NAME FIRST	me middle	Si	dden	
		VAS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17. INFORMANT	ADDRE	SS	. uucii	
		No	235	09 3234	Bertha Nic	cholson sa	ime as	: 13 e	MATE INTERVAL DINSET AND DEATH
	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF	f- Live				cont.
>	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDIN	GS USED OF DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (18 EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		TH DAY YEAR	21c HOW INJURY OCCURE				,,,,
į	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY.	OFFICE, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
			2 /0 K-2	19, on	d that in (my) (our) apinian o	death accurred on the de	243, 19 ate and hour o	and from the	
		22b. SIGNATURE	ecce SILVINO B.	MUNESES, M.		MEDICAL STAI DIRECTOR PHYSIC	F IAN 🗌	22c. DATE :	15.83.
		22d. PHYSICIAN'S NAME TYPE (5010 RITCHI BALTIMORE,	MD. 21225	22e ADDRESS				
		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		2011	
		Burial	2/16/83	Cedar	Hill Cemete	ery Brookl	.vn	A.A.	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
George J. Balto. Md. ADDRESS Gonce 4001 Ritchie 21225 Hgwy

Brooklyn A.A.

By REGISTRAR'S SIGNATURE

1983

1983

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION WOODLAWN BURIAL 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

HOURS

126, KIND OF BUSINESS OR

IF UNDER 1 YEAR

27

INDUSTRY

ZISTEI

YES T

COUNTY

IF UNDER 24 HRS

2/2/1

NO [

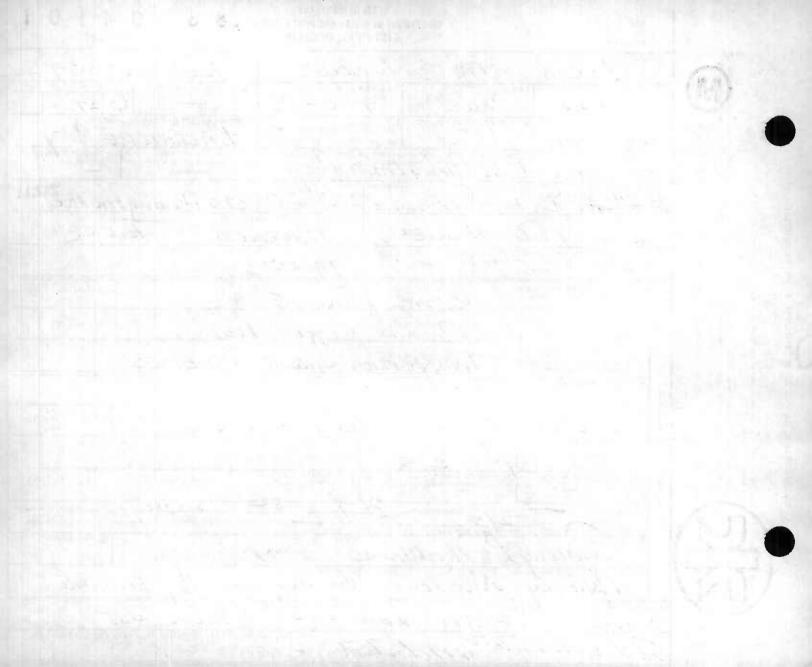
STATE

TO FUNERAL BP.

FOR

REGISTRAR

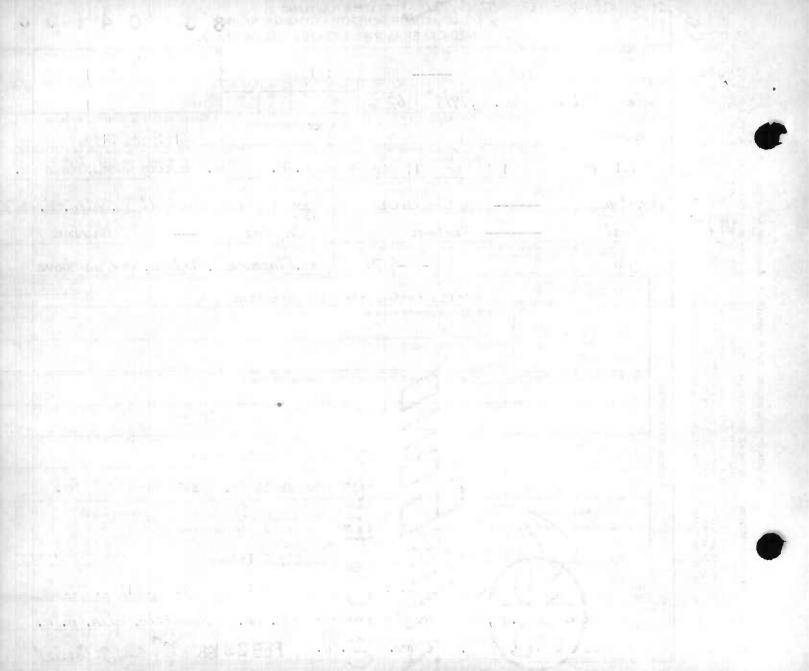
- STATE



2		FOR STATE			DEPARTMEN	IT OF HEAL		ENTAL H	0 0	0 4	10	2
70-	2	REGISTRA		M	DICAL EX	AMINER'S		CATEO	KEC	G. NO.		
		1 DECEASED N (TYPE OR PRINT)	AME FIRST		WIDDLE		LAST		20 DATE KNOW	- 0 15	DAY YEAR	26 HOUR
	OR. LES.			SEPH	Α.	N ICODE		Y	DEATH MATEL	D L Z I	DAY YEAR	M
	THE FUNETAL DIRECTOR. AGE FOR YOUR FILES. GLEG WITHIN 72 HOURS 201 W. RRESTON STREET,	3. SEX Male	White	5. DATE OF BIRTH	YEAR LA	GE IN YEARS IF ST BIRTHDAY) MC	NIHS DAYS	HOURS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5-83	0:05 0
	A V DIS	THE BIRTHPLACE			VHAT COUNTRY?	12			- 9 BALTIMORE CI			M
	SHA SHEET	W. Vir	ray)	U.S.		MA	RRIED X NI	EVER MARRI DIVORC	ED U			
	× × × ×	10. CITY OR TO		11 NAME OF HO	SPITAL NURSIN	G HOME, OR C			12e. USUAL OCCUPATION	TYPE OF WORK	126. KIND OF BU	
- (198 3 10 N	Baltim			gnes Hos				Painter	*)	J.H. Fi	
BALTIMORE, MD. 21201	ESTA IF ANY PELAY SA ESTA AND TOTHER PW. 3. RETAIN PAGE NAD SHOULD BEGILD.	USUAL RESIDEN 130. STATE Marylan	13b CO	ME OR OTHER INSTITUTION. UNTY	13c. CITY OR		13d. INSIDE YES 🗀	CITY EIMITS?	3503 Wilker	ns Avenu	ue 2122	9
WD.	H. IF	14. FATHER'S N	AME	MIDDLE	LAST	72.5	15. MOTH	ER'S MAIDE	N NAME MIDDLE		LAST	
a.	DOGES 1.	Jose		М.		odemus		va			Long	
IMO	AFTER I IVE PACH H FORM AGES 1 ISION O	160 WAS DECE (YES, NO, OR U	ASED EVER IN U.S.	ARMED FORCES?		SECURITY NO.	17. INFOR			RESS	21229	
BALT		YES		W II	235-18	-7397	Fra	inces	M. Nicodemus	3503 Wi		
- 2	HOURS M 18. G NG WIT RMIT. P. ENE, DIV		SE OF DEATH (Enter	anly ane couse per lin	ne for (a), (b), onc	(c).)		i eueco	ular disease		APPROXIMAT BETWEEN ONSE	TAND DEATH
NO	PERA VAL.	И		IATE CAUSE (o)	R AS A CONSEQ		caru	TOVASC	ular disease			
TEST	A PAN ON	Cond	ditions, if any, wh		K AS A CONSEG	DEINCE OF						
> =	WITHIN SINCIL IN AINER A AINER A AINER A VITAL HY	gove	e rise to immedi e (a) stating the und	ate / (b)	R AS A CONSEQ	LIENCE OF						
7 10	N AEL		cause last.	- 100010,0	WASA CONSEC	OLIVEE OI					9 3 (6)	
DS,	AND ATIO	PART 2 OTH	IER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DIS	EASE OR CONDITI	ON GIVEN IN PA	RT 1 (c).	STE		
Ö	SAA KEN	No										
- E	HEAN WELL	19a, DATI	E OF OPERATION	19b. CON	ITION FOR WHI	H OPERATION	WAS PERFO	RMED?			20 AUTOPSY	?
ATA.	SHOULD ORD "PE CHIEF A CHIEF A TO FIE URIAL, O	E L									YES 🗌	NOXX
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL INSUEM 18. BEGG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURNAL-TRANSIT PREMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	216 EXTE	RNAL CAUSE WAS		DE INJURY M. MONTH DA		HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PA	RT 2)	
NO	SARI SOR		RY OCCURRED		M. OF INJURY (A	19 21f	LOCATION					
N.	S CER		NOT WHILE		CTORY, FARM, ETC.)	, iome,	STREET		CITY OR TOWN	CO	UNTY	STATE
	WAR WAR PAG STAT	AT WOR	K AT WORK						V VI			
	AND AND AND AND AND AND AND AND AND AND			orge af the remains d			opsy L.,	Inspectia		and in my or	oinian	
	RECTENT NEW TITH	death re	esulted from: N	aturol causesXXI.	Accident	, Suicide [nicide	Undetermined manner	<u></u> ,		
	MAN, WA	ACTUAL	WE WAL	Jurtellon	e ghall	人	ASSI	sfaht	MEDICAL EXAMINER	DATE	2-16-8	33
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT			7	9							
	A D W D W D W D W D W D W D W D W D W D	(TYPE OF	ER'S NAME PRINT)	Margarita		I,M.D.	ADDRESS		11 Penn STree	91		
	577548	SPECIFY)	EMATION, REMOVA			E OF CEMETER			23d. LOCATION CITY OR TOWN	cour		TATE
	BP	24 FUNERAL D	Burial	2/19/83	Meac	lowridge			Elkridge REC'D. BY REGISTRAR [25b.		ard Mary	land
	DHMH - 17	NAME		Home, Inc	55 /107 LJ	ilkens	229 Ave	4	H 1 8 1983	John.	2. Canie	el
	(VR A15 ME (5)) 20M 4/B2	nubbard	runeral	nome, inc	• 410/ W	TIVEHS	11 / C .	1	D T O 1200 1	7		

CHAPTER BY STORY REPORTED TO AN ADMINISTRAL PROPERTY. The state of the second state of the second state of the second s

0		ems #1	Ba-22a F:	ilm G5	78 4,	/21/C	MENT OF	TE OF	MARYLA H AND M	ND SENTAL I	HYGIEN	n= "2		0	A	1	a	3
8	1-	STATE REGISTRAR					EXAMI						REG	. NO.	7		•	
		CEASED NAME OR PRINT)	E FIRST			WIDDIE			LAST		= 27.	2a DATE			HINON	DAY	YEAR	2b. HOUR
EET,				ert			-		Vielse			DEATH	MATED		2		1983	M
AIN PAGE 5 FOR YOUR FILES. OHIG: 201 W. PRESTON STREET.	3. SEX	ale	White	S. DATE O	28,19	915	LAST BIRTHI		THS DAYS	HOURS	MIN	PRONOL DEA	JNCED	AA	2	19	19 83	8:06A
SEST	7a. BI	RTHPLACE (S	TATE OR	76. CITIZE	N OF WH	IAT COUN	TRY?	8. MARI	RIED X NI	EVER MARK	RIED 🗌	9. BALTI	MORE CIT	Y OR C	OUNT	Y OF D	EATH	
3//	10.5	Denmark	8		USA			WIDO	WED 🗆	DIVOR	CED 🗆		altim					MD.
00	E	TY OR TOWN	re /	(IF NOT	19 Ma	rsha		eet 4	Balto.		Re.	MOST OF WO	UPATION DRKING LIFE) CULL	y GI	uar	t, St	ND OF BU RINDUSTI Late	Md.
16	13a. S	TATE	(IF IN NURSING HOME	OR OTHER INST	TITUTION, GIV	13c CITY	OR TOWN		13d. INSIDE	CITY LIMITS?		9 May	ress rshal	11 5	t.Be	alto	a.M.	21230
300	14. FA	Karl	-	MIDDLE	- Ni	else	1457		5	PER'S MAID	EN NAME		WIDDIE			rkni	LAST	
1	16a. V	ES, NO. QR UNKNO	DEVER IN U.S. AI	RMED FORCE WAR OR DATE			IAL SECURI		17. INFOR			44 44	ADDR			Y		
/		No				106-	18-577	6	Mrs.	Flore	ence .	M. Ni	elsen	, San	ne c		PROXIMATE	
IND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	NO	gave ri cause (a lying car	ns, if any, which se to immediate stating the under use last.	b e DU	(b)E TO, OR	AS A CON	ISEQUENCE	OF	SE OR CONDITIO	ON GIVEN IN P.	ART I (a)							
J. J.	CERTIFICATION	19a. DATE OF	OPERATION	198	. CONDIT	ION FOR	WHICH OPE	RATION	VAS PERFO	RMED?						20 A	UTOPSY	
diam'r	RTIF	710 EVTERNI	AL CAUSE WAS	215	, TÎMÊ ÔF	INDILIBY	- 19	191. 1	IOW INJUR	V OCCUPA							rES 🗌	NO 🛚
5	MEDICAL CE		OR NG CAUSE OF	DEATH	P.M.	MONTH	17	3 I	ngeste		,		INJURY IN 11E	M IS PAKI	I OR PAR	12)		
	MED	WHILE AT WORK		Ģ	STREET, FACTO	ORY, FARM, E	(AT HOME,		CIRCLI	rshall	l St.	CITY OF T	åľtim	ore	COU	MTY M	Id.	STATE
C C		270 cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	(1	The second second	D. Wor	P	Zun's	Line de la	Hami	SPECIFY)	Under	Inquire sermined in	manner [].	DATE SIGNED		2/19	9/83
BA —	23a.8	URIAL, CREMA	TION, REMOVAL			23c. 1	NAME OF CE		OR CREMAT	ory	23d. LC	DCATION OR TOWN			CQUN	ITY _	SI	ATE
7	24 FI	-			4					25a. DATE	REC'D. BY	REGISTR			AR'S SI	IGNATI	URE	
5))	rid	ully t	uneral H	ome, 1;	30 6.1	ront	five.D	uto.	7/12.	FF	R 22	1980		Commen	. 2	·C	1	A



Feltimorn Marylant Baitteon white Mary

B 300

Marryl and

A Contract of the state of the Predate bettel

.and fermion of

Entilmore City Sabor, Todin-wile Some

X 10813 Retirond Ave. (21103)

Kakeweka

Del destr. Ha.

Lapkovski Josephipe

215-121-504 Termin Brown 208 S. Robinson Ct. (21925

Priel Pac. 10. Per Marrie Heart of January

If it's A process from .out waite & woild

	1	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLA TEALTH AND M TICATE OF D	ENTAL HYG	IENE 8 3	0	4 1	0 5
		CEASED NAME FIRST	WIDDLE		LAST	0.477	20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
		THEA'	TTLE V.	N	ONEMAKE	R		2 2	2 83	101
	3. SE	X	4. RACE	5. DATE (YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	White	10	16	99	83	YRS.	WOINTAS DATS	HOURS MIN.
73		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER M	ARRIED -	9. BALTIMORE CITY C Baltimor			M
40	10. 0	Baltimore		AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT INSUCHACILITY GIVE STREET ADDRESS) Agnes Hospital		NOITUT	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 110. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			F BUSINESS O
35	13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	UNTY 13c. CITY (nce before admission) Or town timore		NO []	13e STREET ADDRESS 2242 Wilke	ens_Av	enue 2	1223
50	L	ATHER'S NAME Herbert	Str	ickhouser	15. MOTHER'S	maiden nav Jeane t	te		Say	lor
1			GIVE WAR OR DATES)	IAL SECURITY NO.	17. INFORMAN		ADDRI			
1		NO	215-	-09-4911	Janet	Nonema	ker 2242 Wi	lkens		2122:
	13	Conditions, if ony, which gove rise to immediate	(b) A7	terosci.	cause	ource o	Dicease	,	13	yu.
	NO	PART 2. OTHER SIGNIFICANT		ING TO DEATH BUT	/			DITION GIV	EN IN PART 1/0	į.
9	TIFICATION	couse (a), stating the underlying couse last.	((c)	Gango	en of	Cath	20a AUTOPSY?	20b. IF YES	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
9-9	MEDICAL CERTIFICATION	Couse (D), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT STANKE TO PART 2. OTHER SIGNIFICANT STANKE TO PART 2. OTHER SIGNIFICANT STANKE TO PART 2. OTHER SIGNIFICANT MAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF THE COUNTY MEDICAL EXAMIN 2. OTHER DOLLARS OF THE COUNTY OF TH	CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	PANAPO WHICH OPERATION THE DAY YEAR	N WAS PERFOR	MED URY OCCURR	feels	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S	IGS USED
949	AL CERT	COUSE (D), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT STATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF	T CONDITIONS CONTRIBUTE 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY IAT HOME STREET, FACTORY	WHICH OPERATION OFFICE, FARM ETC.)	21c. HOW INJ 21f. LOCATION STREET	MED URY OCCURR N 1955 aur) apinion o	200 AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES IN CERTIF' YES IN CERTIF' YES	COUNTY 19 S 1 10 Trond from the county	STATE STATE STATE STATE STATE STATE STATE
MPOKIANI; II Hem 21 is marked or Hem 18 shaws only injury, or other	AL CERT	COUSE (D), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has saw the deceased alive a above. (I) (we) Idid) (did to	T CONDITIONS CONTRIBUTE 19b. CONDITION FOR 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON P.M. 21b. PLACE OF INJURY IAT HOME STREET, FACTORY pital) attended the deceased 101 102 103 103 104 105 105 105 105 105 105 105 105 105 105	WHICH OPERATION OFFICE, FARM ETC.)	216. HOW INJ 216. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. ADDRESS	URY OCCURR N 1955 aur) apinion o	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFY YES IN CERTIFY YES	COUNTY	STATE STATE STATE STATE STATE STATE STATE STATE
If them 21 is marked or them 10 shows only injury, or	MEDICAL CERT	COUSE (D), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COURSE TO PERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF	IC) I CONDITIONS CONTRIBUTE IPP CONDITION FOR IP	WHICH OPERATION OFFICE, FARM ETC.)	216. HOW INJ 216. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET 219. LOCATION STREET 210. LOCATION STREET 211. LOCATION STREET 212. LOCATION STREET 213. LOCATION STREET 214. LOCATION STREET 215. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 218. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET 219. LOCATION STREET 210. LOCA	MED URY OCCURR N 1955 aur) apinion of tending hysician [200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU CITY OR TO ., 1a 2. MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES IN CERTIF' YES IN CERTIF' YES IN CERTIF' YES IN CERTIF' YES IN CERTIFICATION TO THE PARTY OF THE	COUNTY 19 8 3 1 r ond from the c 27. DATE:	STATE STATE STATE STATE STATE STATE STATE STATE

SA IN SA		ALE STATE		TESTON.
) points	J. Lieuw
	Depres la l'est		4.1.	Parmettonia
pot (in) (in)			India H commit.	a exercíp
	1 mar / 20 6 7 7 1		svenikačin	entre of
	200	Temperature to	emiel (Kirs II	ayaJrell
the second of	Berri Renn vol	mande Jamil	illembacts	

(VRA 15, 4)

STATE OF MARYLAND

00 1 4 0 6 8 a et if the total of the state TANTESON STORED GETOT SHORE MOSETUAL to 4, on their period of the period of feeting of a

8	1.	FOR STATE REGISTRAR	DEI	STATE OF MARYLAN PARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE 8 3	0 4 g. No.	107
th 3		CEASED NAME FIRST ON PRINT)	N P.	Nugent	20. DATE OF DEA		7:43 _{4M}
оде 4 мо	3_SE	MALE	1. RACE White	5. DATE OF BIRTH MONTH DAY OR OFFICE OFFICE DAY	6. AGE (IN YEARS LA	7 Tyrs. MONTHS	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
death. Pogo	В	attimore, Md.	76. CITIZEN OF WHAT COUP	MARRIED NEVER MA	RCED CIT	TY OR COUNTY OF DE	MD.
ors offer	-	Baltimore	(IF NOT IN SUCH FACILITY GIVE	samuritan			NIND OF BUSINESS OR
LAND 21	M	AL RESIDENCE (IF NURSING HOME OF IT ATE 13b. COUNTY AND IT ATE 13b. COUNTY AND IT ATE		MORE YES N	0□ 1508	Winford	1 Rd-21239
e, MARYLA	14, 15	Frank P. Nuger	ADDLE LA	15. MOTHER'S M Ester	ale Valentine Valentine	LE	LAST
MORI exec ond oges		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIV	F WAR OR DATES!	SECURITY NO. 17. INFORMANT	ary E. Nugent-1	L508 Winfor	d Rd. 21239
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN NG PHYSICIAN: The low requires that the death certificate be often this certificate has been signed by the attending physician is the buriol-transit permit. Then please remove corban papers, than defamila Hygiene prior to buriol, cremation, or removal. orked or them 18 show only injury, or other traumotic event, then	N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	AQUENCE OF	Ka. /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ITAL RECOR	CERTIFICATION	190. DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORM		IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
DING PHYSICIAN: The or otherding physicio After this certificate It is on the buriol-transit oith and Mental Hygis marked or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	1 DAY YEAR 19 211. LOCATION	RY OCCURRED (ENTER NATURE OF		PART 2) DUNTY STATE
OR ATTENDO Le hospital or DIRECTOR: A Date for use Dept: of Heal		220.1 certify that (t) (this hospi	tal) attended the deceased to the deceased to the body after death.	DEGREE	r) apinion death occurred an t		rom the couses stated
TO HOSPITAL O retained by the TO FUNERAL DI should be detack with the State De IMPORTANT: If he should be the state of the State De IMPORTANT: If he should be the State De IMPORTANT: If he should be the State De IMPORTANT: If he should be the State De IMPORTANT: If he should be the State De IMPORTANT: If he should be the should be sho	00.	22d. PHYSICIAN'S NAME (TYPE O LAWRENCE	= MILLS	MA 220 ADDRESS MA 560/	Loch Raven		timose Mps
BP	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2/24/83	Moreland Mem.	CITY OR TOW		HY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FU 1it	neral director chet1-Wiedefeld				RAR 216 REGISTRAR'S	L'abreld

salms value John David Shared and the stell licits gorden est are established in order. 1229 riel 2/5/3 orelan e a t. alto Co. its ell-ieus el o e o or . 2121

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPAI	RTMENT OF H CERTIF	EALTH AND A			G. NO.) 4		, 0
		CEASED NAME FIRST	٨	AIDDLE	t.	AST	The same of the sa	20. DATE OF DEA	TH MONTH	DAY YE	R 2b t	HOUR.
		ALICE	-	EBE		UBRE		0-0	1-67	T	a	57 PM
	3. SE		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS D	YEAR IF U	NDER 24 HRS
)		FEMALE RTHPLACE (STATE OR FOREIGN	WHIT		8	1/	1895	8,7 9. BALTIMORE C	YRS		н	
9	- 0	COUNTRY)			MARRIEI	D NEVER A		100	ORE CIT			
20	_	MARYLAND ITY OR TOWN OF DEATH	U.S.		WIDOWE SING HOME C		ORCED	120. USUAL OCCI			ND OF BU	SINESS OR
8		BALTIMORE	(IF NOT IN SUC	A FACILITY, GIVE STE	REET ADDRESS)	YLAND		WAITRI	LSS	LIFE INDUS	TRY	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUL MARYLAND	R OTHER INSTITUTIÓN. NTY	GIVE RESIDENCE BEI 13C. CITY OR TO BALT II	OWN	13d. INSIDE	NO 🗆	771 W.	CROSS	STREET	, 21	230
0	14. FA	ATHER'S NAME FIRST JACOB	MIDDLE P.	SEMOI	NE		MAIDEN NAM FIRST IARY	AE MID	DLE	U	NKNO	WN
,		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SE		17 INFORMA	NT	A	DDRESS		21	230
	- 14	NO OBTIMANUMN) (IE AEZ' CI	VE WAR OR DATES)	212-1	4-3332	ROBERT	B. HA	YDEN, II:	771	W. CRO	SS S'	TREET
100		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (0)	Ine for (a), (b),	TION					BETW		INTERVAL AND DEATH
		4279 Conditions, if ony, which	DUE TO, OI	A CONSECULA	OUENCE OF	HEMI	ARESI	S		32	ver	Ks
		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	RASACONSE	JUENCE OF	and	HYPER	TENSION	/	Ve	Par	5
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR	CONDITION G	SIVEN IN PAR	(f 1(o)	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	IN CER	TIFYING CAL	JSES OF D	
7		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	AIM	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C		8 PART I OR PAR	7 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFI	CE, FARM ETC)	21f. LOCATIO	ON O	CITY	Y OR TOWN	COUNT	Y	STATE
		220.1 certify that (1) his hosp sow the deceased alive or obave, (1) we) raid (did no	2/2-	19	7, 4.	nd that in my	(our) opinion o	eath occurred on	the date and h	19 nour and from	, the	(I) (we) last es stated
		22b. SIGNATURE	harl	RK	eulu	1 hos	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	2/	ATE SIGN	JED JED
		22d PHYSICIAN'S NAME TYPE	RESS/	or, m	7.0.	220 ADDRES	V OF	m	D. 1	Hos	P	
	- (BURIAL, CREMATION, REMOVAL			31 NAME OF C			23d. LOCATION CITY OR TO	WN	COUNTY	/A D.	STATE
		BURIAL	02-05	-83	LOUD	ON PARK		BALTIM	ORE CIT	Y M	MARYL	AND

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107

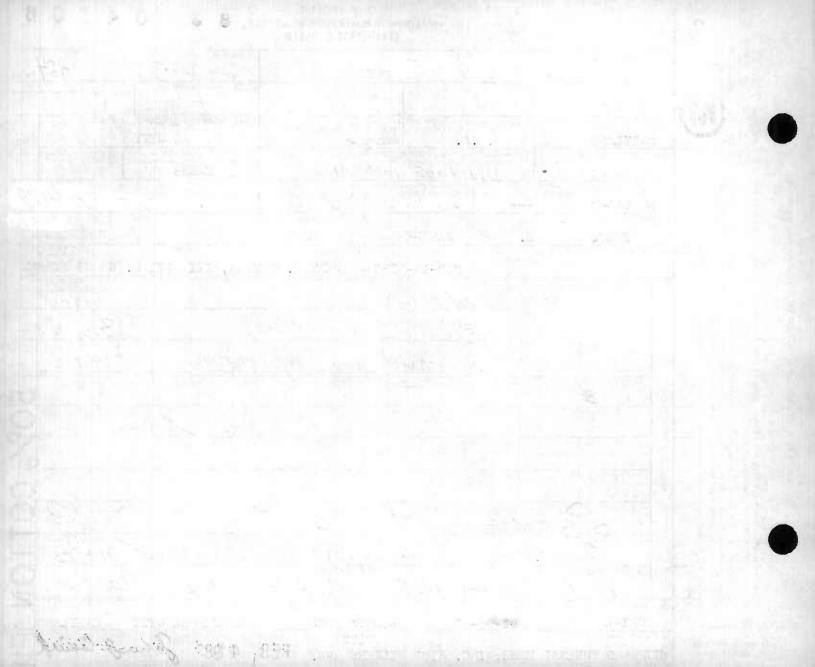
02-05-83

21229 WILKENS AVE

LOUDON PARK

FEB 4 4 1983 MARYLAND

CITY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 28. DATE KNOWN 26. HOUR (TYPE OR PRINT) ESTI-Richard DEATH MATED R. Oglesby (Olgesby) 10 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR FUNERAL DIREC MONTH DAY LAST BIRTHDAY) PRONOUNCED 1:58F 9 3 47 35 YRS Male. Black DEAD 191983 M BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. Baltimore City Maryland WIDOWED DIVORCED PAGE 5 E FILED, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY AIN P. Baltimore Loch Raven Rd USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore UNKNOWN YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Tommie Oglesby B . Rucker Clyde 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT T. PAGES 1 DIVISION (16b. SOCIAL SECURITY NO ADDRESS Apt 815 (YES, NO, OR UNKNOWN) Tommie Bell Oglesby 1100 Pennsylvan No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Haming DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION E 3 SHOULD BE USED. DEPARTMENT OF HE 11 PRIOR TO BURIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [] 210. EXTERNAL CAUSE WAS TIME OF INJURY
HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL a Subject hanged self 21e PLACE OF INJURY 214 INJURY OCCURRED STREET, FACTORY, FARM FIC) CITY OR TOWN WHILE COUNTY AT WORK AT WORK Woods 2500 Blk Loch Raven Rd. Baltimore City TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALTMORE, MARYLAND, 2 22a. I certify that I took charge at the re-Autopsy X deoth resulted from: Undetermined monner TITLE (SPECIFY) Deputy Chiefedical ExaminER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn ST. Balto. MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL courto, . BM 2/25/83 King Memorial Pk. Baltimore BP_ 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March F/H Inc. 1101 E. North Ave (VR A15 ME (5)) 20M 4/82

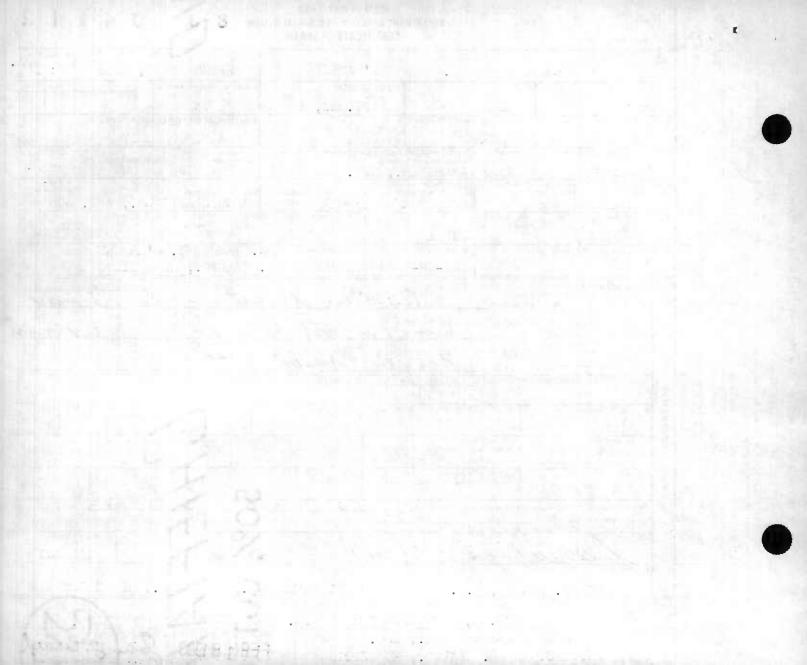
Company and incremental many action to the second s

./	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4 1 1 0
CL 1.0	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
X) (m	JOSEPA	H EDWARD	OGURCAK	2	4 83 11:15A
1.5	SEX .	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
_	Male	White	Jan. 20, 1929	54 YRS.	MONTHS DAYS HOURS MIN
BX E	MINTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	RAITIMORE CITY OF COUNT	Y OF DEATH
N/Z	enneylvania	U.S.A.	WIDOWED DIVORCED	し ひんしてているのこ へん	TY "
	ennsylvania CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS O
~	ALTIMORE	PAMIC LOCH RAVEN	BEVD. BALTO. MD	Tavern Owner	INDUSTRY
130	UAL RESIDENCE (IF NURSING HOLE O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	
F W	est Virginia	Kevser	YES 😿 NO 🗌	510 Ward Ave. K	eyser, W.VA.26
9 MI	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
5/7	Joseph	A. Ogurcal		H.	Jorfe
D 160.	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
2		N. II 198 14 8	3672 David Ogurca	ak 1054 Darlington	a Ave.
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ven ven	PART I. DEATH WAS CAUSE	TE CAUSE (0) Cand	iac arrhyth	mia	30 MIN
atic e	4414	DUE TO, OR AS A CONSEQU			
200	Conditions, if any, which	(b) Muec		tion	24 hrs
other tre	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU		wegern	3 days
۸, ۵		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OF CONDITION GI	IVEN IN PART 110
o No	RENOVAS	CULAR DIS	EASE		
8 shows any injur	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
MI THE					ES NO
-//	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
S L L m	(IF EITHER NOTIFY MEDICAL EXAMINE	2161	19		
d or frem	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
rkee	AT WORK AT WORK				
e s		tol ottended the deceased from_	Ignuary 4 , 1983	to February 4	, 19 <u>83</u> , that 10 (we) lo
21	sow the deceased alive or above, XI (we) (did) (diX X	tebruary 4 ty view the body ofter death	83 . and that in (my) (our) opinio	n death occurred on the date and ho	ur and from the causes stated
Hem	27% SIGNATURE	1 0010	DECREE		224. DATE SIGNED
<u>#</u>	Heliest	E. Glade	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-4-8
DRIAN	224. PHYSICIAN'S NAME TTYPE	OR PRINT)	220 ADDRESS		
IMPORTAN	Herbert E.	Gloden, M.D.	3900 LOCH	RAVEN BALTIMORE,	MARYLAND 21218
≥ 230.	BURIAL, CREMATION, REMOVAL	23b DATE 23c. I	NAME OF CEMETERY OR CREMATORY		
	Burial	Feb. 8, 1982	St. Gertrude	Lebanon, P	A. STATE
24.1	FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256. REGIS	
	NAME	Inc. Baltimore,	Marriand	FB 71083 Sac	2 Cu : 1

Standar nathations RENEWARK WEEKS BISE ESSE

1	STATE OF MARYLAND	
1	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENS O 4	
-	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH D. OF ESTI-	AY YEAR 26. HOUR
L	GREGORY J. OLIVERI DEATH MATED 2-13	
3 M 70 0 10 0 10 13 14	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS LIQUIDS LANG BRONDLINGED	-83 7:30
M	Male White Aug. 3,1961 21 YRS. MONTHS DAYS HOURS MIN PRONOUNCED 2-15	-83 7:30
70	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY O	FDEATH
1	New York U.S.A. WIDOWED DIVORCED Baltimore City	MD.
ID.	ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF WORK 12b.) FOR MOST OF WORKING LIFE)	KIND OF BUSINESS OR INDUSTRY
1	Baltimore 3339 N. Charles St. ant.7H Student	J.H.U.
US	ISUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE RESORE ADMISSION)	
L	New York Westchester Yorktown Hts YEST NO 825 Heritage Ct.	10598
14	4. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
4	John J. Oliveri, Jr. Helen	Tegola
160	66. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES. GIVE WAR OR DATES) ADDRESS (YES. NO. OR UNKNOWN) (IF YES. GIVE WAR OR DATES)	
	104 1/ 00/0 - 1 - 2 - 2	as #13
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH WAS CAUSED BY: // > IMMEDIATE CAUSE (a) Intracranial hemorrhage	THE STATE OF THE S
	73/0 (DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
	(c)	WELL STATE
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	80	
13	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	0 AUTOPSY?
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY) HOUR AM MONTH DAY YEAR	YESXIX NO
2	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY UNDERLYING OR 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
1	CONTRIBUTING CAUSE OF DEATH P.M. 19	
1	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	WHILE AT WORK ONT WHILE ONT FARM, ETC.) SIREET CITY OR TOWN COUNTY	21016
	22a. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection . Inquiry . and in my apinia	n
	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,	TO THE
	Ma 1 and War III (SPECIFY)	
	ACTUAL MANAGERO DATE	-16-83
		-10-05
4	(TYPE OR PRINT) Margarita A. Koroll, M.D. ADDRESS. 111 Ponn Street	1
230	36 BURIAL CREMATION REMOVAL 1215 DATE 22 NAME OF CREMETERS OR CREMATORY 1224 LOCATION	
1	Rosehill Mem. Park Putnam Valley Putn	am N'Y.
24	M. FUNERAL DIRECTOR. Barnes 21018 250. DATE REC'D. BY REGISTRAR'S SIGN	
	Fleming Funeral Service Benson, Md. FEB 22 1983	shield !

in the second of



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

2		REGISTRAR			CERTIF	CATE OF DEATH	RE	G. NO.		
		CEASED NAME FIRST	N	NIDDLE	- L	NST .	20. DATE OF DEA		Y YEAR TE HOUR	
	1	SARAH		2.145	O	PPEL	F	EB. 25	19835.45	AM
1	d. SE	FEMME	4. RACE	CASIAN	S. DATE O	DAY YEAR	6. AGE (IN YEARS L		ONTHS DAYS HOURS	MIN.
30		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF V	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CI	TIMORE	OF DEATH	
70	10. CI	BATIMORE	VEN NYA	VE HEBY	REW.	DO DIVORCED DE ROTHER INSTITUTION DE RATKIS CENTE	HOUSEV	PATION	126, KIND OF BUSINES	MD. SS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN MARYLANY	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13A CITY OR TOW	NE ADMISSIÓNI VN WORE	136. INSIDE CITY LIMITS?	13. STREET ADDR	ESS IRREV	DRIVE 212	215
20	14 FA	NATHAN	MIDDLE	LEVY		YETTA	AME	DIE	UNKNOWN	
1	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	215-09-7		7015 SURREY	MR. RANDOÎ	PHSOPPEL		
	NC	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR (c)	AS A CONSEQUE	IENCE OF	NOT RELATED TO THE TER/	LUNG	METASTA:	fr:s	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH	
5	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF THE LITTLE OF THE CONTRIBUTION OF THE CONTRI	P.A	A. MONTH D	AY YEAR 19	211. HOW INJURY OCCUP 211. LOCATION STREET		FINJURY IN ITEM 18 PAR	COUNTY STA	ATE
		22e. I certify that ff (this haspi saw the deceased alive an above, \$5 (we) (did) to 22b. SIGNATURE	YX	19_		d that in (in (aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR DE	STAFF /	- 4	e) last
1		220 PHYSICIAN'S NAME LIVE CO ESTRELITA	R PRINT)	Kn		220 ADDRESS VEVINTAVE	HEBREW		CA HOSPIT	+ +2
4	23a 8	BURIAL, CREMATION REMOVAL	FEB. 27	7,1983	NAME OF CI CHIZUK	AMUNO	BALT IN	ORE	COUNTYMARYLAND)re

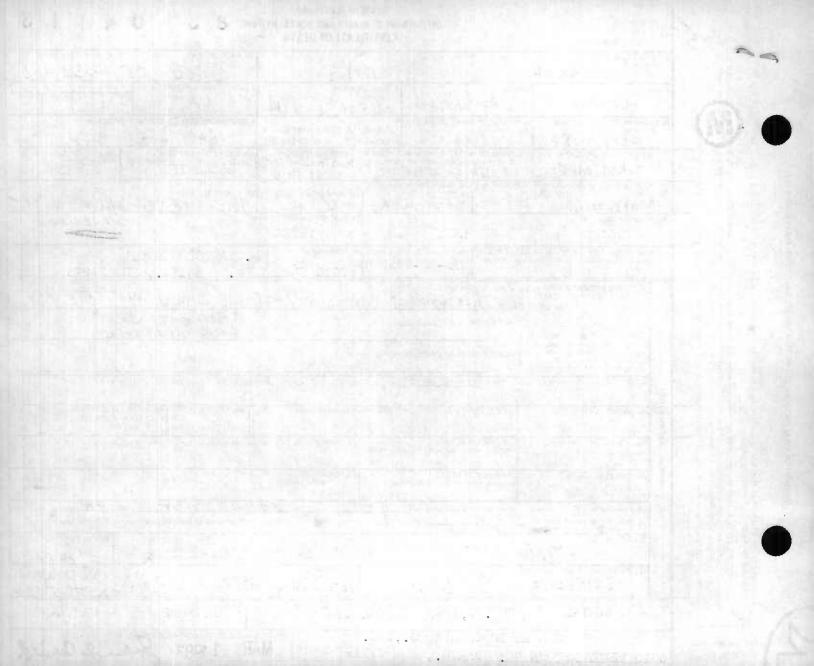
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

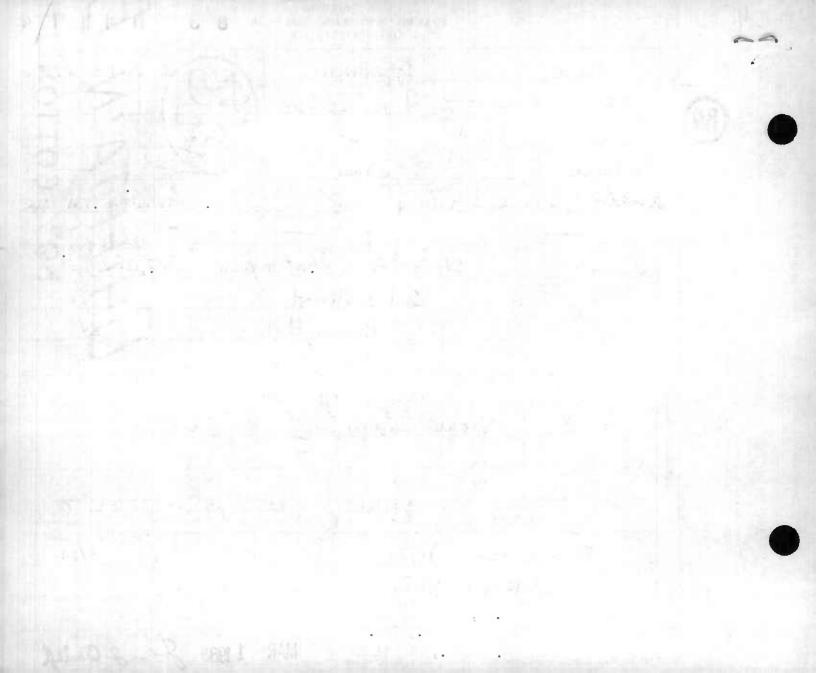
24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

SON & BROS., INC. BALTO., MD 212 SOL LEVINSON & 21215

MAR 1983 John & Came



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

	1-	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYO FIFICATE OF DEATH	REG. N		4 1	1 5
CTS.		DOR PRINT) Doris	B •	0,51	nea	20. DATE OF DEATH	2 15	1983	11:45 M
M)	3. SE)	Female	4 RACE White		TE OF BIRTH	6 AGE (IN YEARS LAST BIF	YRS.	FUNDER I YEAR	IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN OUNTRY) Md .	76. CITIZEN OF WHAT (USA	MAR	RIED ENEVER MARRIED DIVORCED DI	9 BALTIMORE CITY C Baltin	or County of Ci		MD
100		y or town of DEATH Baltimore	11. NAME OF HOSPIT. (IF NOT IN SUCH FACILITY 706 G11	AL, NURSING HOM Y, GIVE STREET ADDRESS) Marys Rd	NE OR OTHER INSTITUTION	120: USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION OF WORKING LIFE) ep	12b. KIND O INDUSTRY C&P	F BUSINESS OR
ol exominer must be	ÜŠÜ. 130. S	TATE Md . 136 COUN	13c. C1	idence before admissi ty or town litimore	YES NO	13e STREET ADDRESS	706 G	ilmary	21210 s Rd.
300 Similar	14 FA	THER'S NAME Thomas	J. Bro	own	15. MOTHER'S MAIDEN NA H illda	WIDDIE		Tasker	r H
rs. Poges 1		'AS DECEASED EVER IN U.S. AR ES, NO ORUNKNOWN) (IF YES, GIV		26 8253	G. Rick O'S	Shea Sa	ime		
signed by the ottendin then please remove corb to burial, cremation, or I njury, or other troumofic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((b) DUE TO, OR AS A	CONSEQUENCE O		WINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	2
hos beer t permit. iene prior ows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION F	OR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
-tronsi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. M	ONTH DAY YE	AR 9	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAI	RT 1 OR PART 2}	
olth ond Ment	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
orectors thed for us dept. of He them 21 is		22a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE		19	, and that in (my) (our) opinion DEGREE ATTENDING	/MEDICAL STA	AFF		
should be detace with the State D		22d. PHYSICIAN'S NAME (TYPE OF	PRINT) G (ASSEA		PHYSICIAN 220 ADDRESS 600 Rec	DIRECTOR PHYSI	P.	14/13	133
2 € 3 ₹	23a. E	URIAL, CREMATION, REMOVAL Burial		23c. NAME C	of CEMETERY OR CREMATORY ev Vallev Mem.	23d. LOCATION	revillo	COUNTY	STATE

ADDRESS

Mitchell-Wiedefeld Home 6500 York Rd

Was in the same of		69 5		in
	11 12	ej.	İ	e_10
alti o sitz				6
crice w Jeci		il ans li	Ţ	cltimore
y il dyn		altime		
19 00	ila			\$500 L
	so – ki	210 2 222		

ite mil mie et ald one gen omg wa

9	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	04116
ege be		CEASED NAME FIRST FRAN	WIDDLE	OSWALD	20 DATE OF DEATH MONTH	1 83 12 P
	3. SE	M	4. RACE	5. DATE OF BIRTH MONTH OAY YEAR 12 7 15		IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
de oph hin name		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED	6117	Λ
by the fur filled with		BALTO.	(IF NOT IN SUCH FACILITY, GIVE STREET SOUT IT BE	110. GENL HOSP.	12s USUAL OCCUPATION ITYPE WORK FOR HAST OF WORK	126. KIND OF BUSINESS C
filled in rould be	₩13a.	AL RESIDENCE (IF NURSING HOMEOI STATE TIME COUL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALT	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	21230 CLEMENT ST.
ompletely ond 2 st	3	ather's NAME THE P.	MIDDLE LAST OSWI	15. MOTHER'S MAIDEN N.	ZABETH I	BUTTNER
ficote be execui hysicion and co popers. Pages I naval.	166	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU (E WAR OR DATES) 217-C	9-366/ JOHO	V OSWALD	6412 BALDA
tow requires that the death of speen signed by the ottendirmit. Then please remove corprise to buriol, cremation, or ony injury, or other troumati	TION	alichol	abuse, Diabete	the insufficiency NCE OF DEATH BUT NOT RELATED TO THE TERM S Melletin		N GIVEN IN PART 110
00003	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. YES NO RRED (ENTER NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
ING PHYSICIAN: The rotending physicion of the buriol-tronsit in the ond Mental Hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should hygies or them 18 should have a should h	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19 211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTEND spitol o CTOR: A for use of Hea		sow the deceased alive on above, (1) (we) (did) (did no	tol) ottended the deceased from		to 2/4/2	hour and from the couses stated
O HOSPITAL OR AY etained by the hosy TO FUNERAL DIREC should be detached it with the Stote Dept	100	226. SIGNATURE LULE 226. PHYSICIAN'S NAME (TYPE OF PARTY)	Duts PN NEWON	22e. ADDRESS	MEDICAL STAFF DIRECTOR HYSICIAN	
TO HOSP retained TO FUNE should be with the S	0	BURIAL, CREMATION, REMOVAL ACEPY)		S. BATE. JAME OF CEMETERY OR CREMATORY LOLY COSS C	23d. LOCATION CHYPSOWN 200 JOURN	learn me state
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR	enal Homenss	150, C. Fort 100	EBC 7 1983 AN 2319	CRIME SIGN HORE

CTATE OF MARYIAND

() End Bermannen vience vience volument STREET, BUILDING the state of the second st The state of the s

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

2a. DATE OF DEATH

FOR

REGISTRAR

FIRST

. DECEASED NAME

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

8 5 10 4 11 1				
	11 11	0 300		dian.
20 March 18 1924 17 18 18 18 18 18 18 18	06			
And the second	800,00 .0	Control (Charles		SERLEN.
danta dan ara dan arang atan		March III	ten pu era	Transition of
	STATE OF			
Particular 255 Minutes				
			PARTICI	
A SERVICE VI				
THE SECOND		4.6	100	e 1
2 co 3 2 co 3 co 3 co 3 co	CARDS NEED			LARGUE VI



10		REGISTRAR		CERTIFICATE	UF DEATH	REG. NO.			119
and the		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MO	ONTH DAY	YEAR 2b. F	HOUR
1.5	ITANE	John		Owens.	Tr		2 10 8	33	M
A	3. SE:		4. RACE	5. DATE OF BIRTH		6. AGE IN YEARS LAST BIRTHE	DAY) IF UNDE		NDER 24 HRS
*/	I	Male	Black	1 3 C	1937	46	YRS.	DAYS HOL	IRS MIN.
6		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NE	VER ALABBIED	9. BALTIMORE CITY OR		ATH	
lied 4 to		outh Carolina	USA	WIDOWED T	DIVORCED [Baltimor	e City	,	MD.
DO		ity or town of death Balto.	11. NAME OF HOSPITAL, NURS IN NOT IN SUCH FACILITY, GIVE STREET, 1572 Pentwood	G HOME OR OTHER	INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		KIND OF BU	SINESS OR
P ()	13a. S	AL RESIDENCE (IF NURSING HOLD OF OF OUT OUT)	NOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltim	N 13d. INSI	DE CITY LIMITS?	13. STREET ADDRESS 1572 Pent	wood R	.oad	21239
300	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOT	HER'S MAIDEN NA	AME		LAST	
301		John	Owens,	Sr.	Marie		Black		- 30
medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFO	RMANT	ADDRESS			
E S		No	216-34-	5244 Shi	rley N.	Owens 1572 F	Pentwood		
ovol.			nly one couse per line for (a), (b), any	0-0		5.1		APPROXIMATE BETWEEN ONSET	AND DEATH
vent		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	1815L	ENGLL	20			
tic e		4019	DUE TO, OR AS A CONSEQUE	NCE OF	. 01	1 2 1 1 1	00.40		
		Conditions, if ony, which	OUE 10, OR AS A CONSTROL	-AUIC	BRAI	N SYND	COME		
r tro		gove rise to immediate couse (a), stating the	DUE TO OR AS A SONIE OUT	NISE OF					
othe othe		underlying couse lost.	DUE TO, OR AS A CONSEQUE	-CO UTO	LISN		0-38-19		
, 0,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN	PART I(o	
Colu	Z								
No On	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS P	ERFORMED		206. IF YES, WERI		
OWS	E					YES NO	YES 🗌		0 🗆
18 sho	Ü	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 216. HO	W INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART) OR	PART 2)	
or Hem 18 sh	¥	OR CONTRIBUTING CAUSE OF DE	nin .	19					
ked or #	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		CATION	CITY OR TOWN	c c	DUNTY	STATE
0	Ž	WHILE NOT WHILE AT WORK	(AT MOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE!	CITY ON TO THE	,		01110
mork			ital) attended the deceased from	4/23	19. 81	10 10/	12 19 8	2 that	(I) (we) lost
I is		sow the deceased alive or		, and that in	(my) (our) opinion	death occurred on the date	e and hour and f		1
3 2	100	Dove (I) we (did did to	ot) view the body after death)	DEGREE			20	2c. DATE SIGN	VED /
- ±		V. V	Market	1	ATTENDING 1	MEDICAL STAFF	ALCOHOL:	2/10	113
Z		THE PHYSICIAN'S NAME AVE	100000	220. AD	PHYSICIAN	DIRECTOR PHYSICIA	N	9/10	10-
IMPORTANT: IF		BEI FFER	15 Mitche	//	1230 2	Deux +	4/1	Seε.	
, > > [BURIAL, CREMATION, REMOVAL Burial		name of cemetery		rk Kändall	stown	Mary Mary	lähd
		UNERAL DIRECTOR	, , • • •	3		TE REC'D BY REGISTRAR 25			:10
4/B2		NAME	1101 E. Nor	th Asso	FE	B 1 6 198		7. Code	~
)	1	Wm C March F/H	TIOI E. NOL	CII AVE.	1 1		,		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3



E.	/ IA	B,
9 + 6	-	-
4	12 kg	- 8
OBO	14	date
off	y the	bille
hours	d in b	A pe
n 24	filled	- Taus
with	d 2 sl	mine
petro	comp 1 on) ex
exe	Poge	nedic
ote be	pers.	the !
rtifice	g phy on po	event
oth ce	corb n, or	motic
e de	move motio	rtrou
hot th	by the ose real.	othe
se in	gned en ple burio	IV, 01
redu	t. The	y inju
e low	perm ne pr	WSOF
Z: Th	onsit Hygie	8 sho
SICIAI g ph	riol-tr	Hem]
PHY	this he bu	d or
OING or of	After e os t	norke
TENC	TOR:	21 is 1
DR Al	IREC hed i	Hem
rAL C	AAL D detoc	# . F
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Flags 4 min etained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the trement areas should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 nounces, with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examinet must be notified in or
O H	Shoul shoul	MPC

FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8 3 REG. 1	0.) 4	-	15
ECEASED NAME	FIRST	MIDDLE	LAST	20. DA	TE OF DEATH	MONTH	DAY	YEAR	26 HOUR
PE OR PRINT)	EARL	BEAL	OWINGS			2	21	83	6:20/

	ECEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
(TYP	PE OR PRINT)	D	EAL	OI.	INGS		2	21	83	6:20A
1.58		I4 RACE	EAL	5. DATE C	E BIRTH	6. AGE (IN YEARS LAST E	SIRTHDAY		ERIYEAR	IF UNDER 24 HR
	Male	White		May	9, 1894	88	YRS.	MONTHS	DAYS	HOURS MIN
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	B. MARRIE WIDOWS	D NEVER MARRIED	9. BALTIMORE CITY Baltimor	OR COUNT		ATH	
_	Baltimore	11. NAME OF I	HOSPITAL, NURSIN	G HOME (or other institution Tyland 21218	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Penna. Ra	TION TOF WORKING EL	IFE) INC		of BUSINESS C
13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU Maryland -	ROTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS? YES K NO	130. STREET ADDRESS 4370 Shel		/enu	е	21206
14. 1	ATHER'S NAME FIRST Edward	WIDDLE	Owir	198	15. MOTHER'S MAIDEN NAM	MIDDLE			Dau	Jes
	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			Mrs. Virgini					ew Driv d. 210
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	Rodder C	arcinem	A			
CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	S, WER	E FINDIN	NGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	PARI I OR	PARI 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR I	IOWN	co	YTAUC	STATE
-	220.1 certify that XI (this hosp saw the decrosed alive or above, [1] (will (did) (did) 2 278. SIGNATURE	Fabrus	e deceased from _ 18 19	Febr	d that in (Xy) (our) opinion	_ MEDICAL ST.	date and hou			
8	22d. PHYSICIAN S NAME	11/	URE	R	22e ADDRESS	DIRECTOR PHYS		1215	1	400

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 2/24/83 Burial
24 FUNERAL DIRECTOR M.

1630 Edmondson Avenue, Catonsville, Md.

23c NAME OF CEMETERY OR CREMATORY Md. Veteran's Cemetery

Baltimore, Maryland 21210

23d. LOCATION A.A. Crownsville

Md. & Russell C. Duitzke Funeral Homes 24 1983

wasten dynamic state With the Gill At Co. AND DESCRIPTION OF THE PROPERTY OF THE PROPERT Child williams out an event of the control of the c The state energiate the subject to the state of the state

	PE OR PRINT)			MIDDLE	LAST	1	20. DATE K OF DEATH	NOWNXXX MOR	
3. SE M .	x ale	1. RACE White	S. DATE OF BIRTH	D. 6. AGE IN YE. 136 THO. 36 YE	AY) MONTHS	1 YR. IF UNDER		MON	15-83 ¹⁹ YEAR 26 HO
	ORFIGN COUNTRY) Italy	ATE OR	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARR	IED U	_	UNTY OF BEATH
4	Baltimor		5700bl/	SPITAL, NURSING HOME CILITY GIVE STREET ADDRESS! C. Belair Ro	i.	NSTITUTION	FOR MOST OF WORK	TION TYPE OF WO	Restaurant
M	aryland	IF IN NURSING AOA	ME OR OTHER INSTITUTION, G UNTY	13 CITY ORTOWN Baltimore	13d. YE	INSIDE CITY LIMITS?	5925 Lil	lyan Ave	. 21206
14. F	Aldo	7	WIDDLE	Pacini	15.	Franca	EN NAME MIE	DLE	Campolmi
	WAS DECEASED YES, NO, OR UNKNOWN		ARMED FORCES? IVE WAR OR DATES)	050-46-33		nformant hristine	S. Pacini	5925 Li	llyan Ave.
CERTIFICATION	lying cau	SNIFICANT CONDITIO	(c)	BUT NOT RELATED TO THE TERM	INAL DISEASE OR C		MT 1 (a)		20 AUTOPSY?
MEDICAL CERTIF	UNDERLYING CONTRIBUTION	CAUSE WAS OR GOOD CAUSE COCCURRED NOT WHILE AT WORK	DE DEATH P.M	MONTH DAY YEAR	21c. HOW I	ION	ED LENTER NATURE OF INJU		YESXX NO COUNTY STATE
23o.		y that I taak chi	arge of the remains destroyal causes		icide .	Inspection Ins	Undetermined man	ner .	v apinian NTE 2-16-83

20M 4/B2

		The Maria	80 (15. 40)	odia win	
	7			Fielly	
Chof to the thursa					
7025 Lillynn Avo. 21205		ogodija Lak		hmalvani	
In Formaci	named 1	in: 0.0		Alde	
. Packet Times Lillyen Ave.	entreland			No	

dala'l in anobecon chet, Or, de' constract, and, Inc. Saltimore, Md.

1 1 19.

no feet and FERNER Than I Coult

.0000 01 3 F[82585] 5 4 5

		CEASED NAME FIRST OR PRINT)	WIDULE	PAINTE	NTER	20 DATE OF DEATH A	23, 1982 12
1	3. SE		4 RACE White	S. DATE O	F BIRTH 4. 1915 YEAR	6 AGE (IN YEARS LAST BIRTH	(DAY) IF UNDER LYEAR IF UNDER
1/2	Pe	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR BAC	
90	B	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR MFL YUV		0 0 ()	120 USUAL OCCUPATION INTER OF WORK FOR MOST OF Domestic	WORKING LIFE) 12b. KIND OF BUSINE INDUSTRY
33	13a. S		OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 1 13 C CITY OR TO LSSEX		13d. INSIDE CITY LIMITS?	218 EIK Rd.	21221
10	14. F.A	THER'S NAME FIRST Un	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		LAST
looper 2	lóa V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 196 09		17 INFORMANT Louis Comean	216 Balto.	k Rd. , Md. 21221
ol, cre		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TERM	IN AL DISEASE OR COND	
permit. Then ple	FICATION	PART 2 OTHER SIGNIFICANT	196. CONDITION FOR WHI	CHOPERATIO	luence.	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
iol-transit permit. Then ple ntal Hygiene prior to buric em 18 shawe, any injury, o	AL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196. CONDITION FOR WHI	DAY YEAR	luence.	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \(\text{NO} \)
he buriol-t nd Mental	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	DAY YEAR	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NO IN ITEM 18, PART I OR PART 2)
for use as the burial-raft Health and Mental	_	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this has sow the deceosed olive cabave. If (we) (did) (did)	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	DAY YEAR 19 18. FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURR 21L LOCATION 51REET	200 AUTOPSY? YES NO CITY OR TOW	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO IN ITEM 18, PART 1 OR PART 2) N COUNTY S AM., 19. 3. that (1)
use as the burial-t lealth and Mental	_	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING \(\text{ CAUSE OF D} \) (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK \(\text{ NOTIFY WHILE AT WORK } \) 22a. I certify that (1) (this has	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH ER! 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) oftended, the deceased from your view the body ofter death	DAY YEAR 19 16. FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURR 21L LOCATION 51REET	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW CITY OR TOW MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO DATE OF DEAT YES OF DE

THE RESERVE AND THE RESERVE AND THE PARTY OF white day. 4, 1915 67 ARU note imore that the same and the same to t Parylan Baltimore Lesex 21221 x 216 lik 53. T. Olbin 21.8 1.7 1.7 1.2 196 09 9190 | Louis Common Helto., Md. 21871 the grant of the state of the s pretone property and the second of the secon A STANKE OF COMMENT OF THE PARTY OF THE PART 150 .. OD equalified granters miles be engined felicite .ava gradacă bic Soel IV seci larganii ixaniinaven

O. O. HETTERSON

Eline Funeral Home Reisterstown, Md. 21136

- STATE

DHMH - 16 50M 4/B2

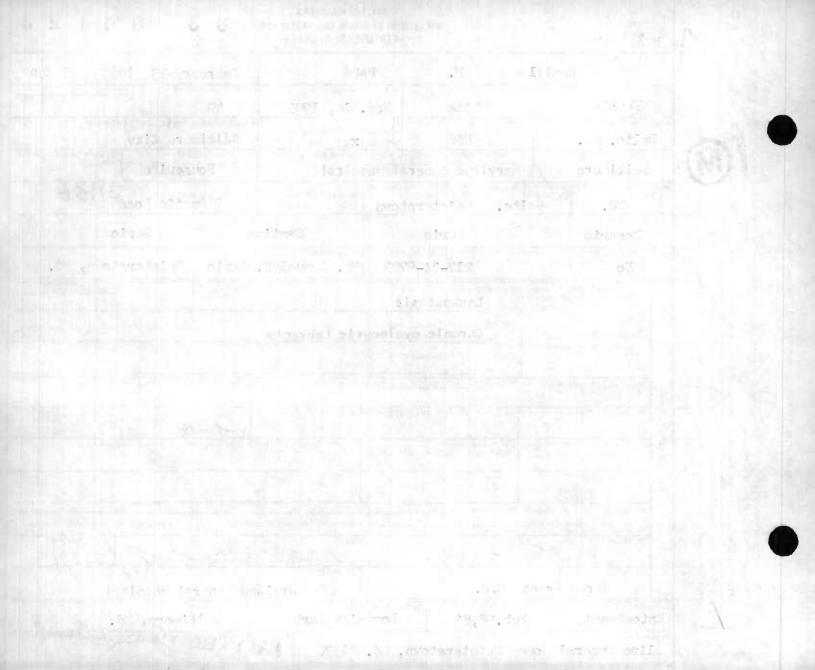
(VRA 15, 4)

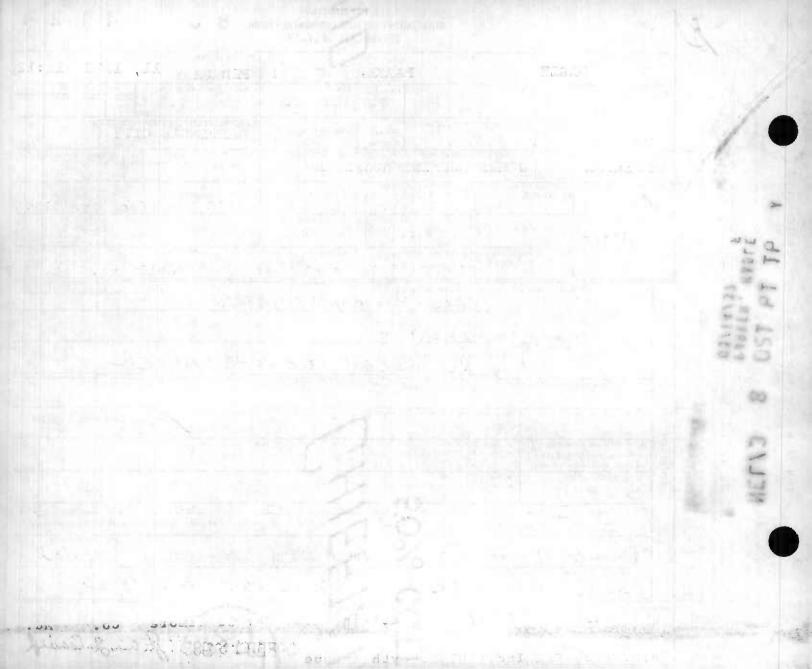
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

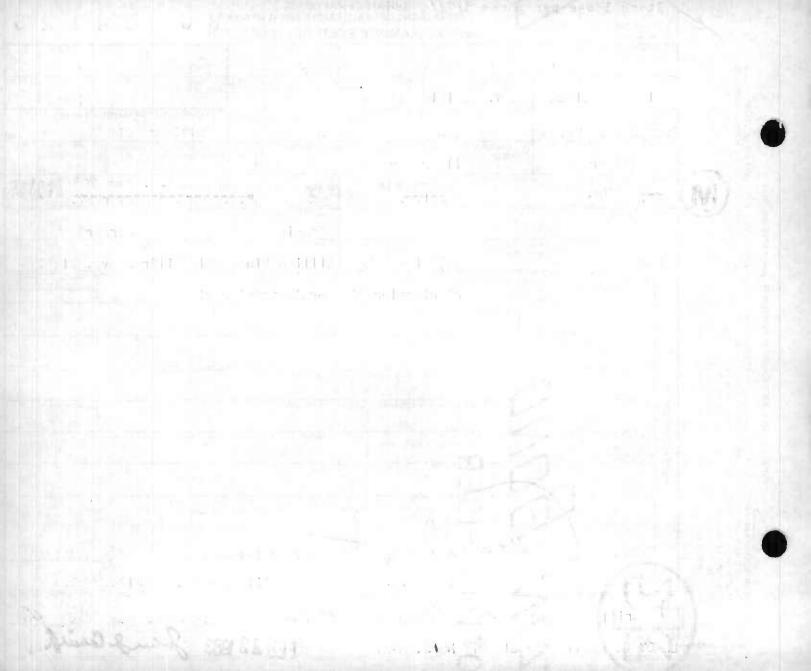
CERTIFICATE OF DEATH

REG. NO.





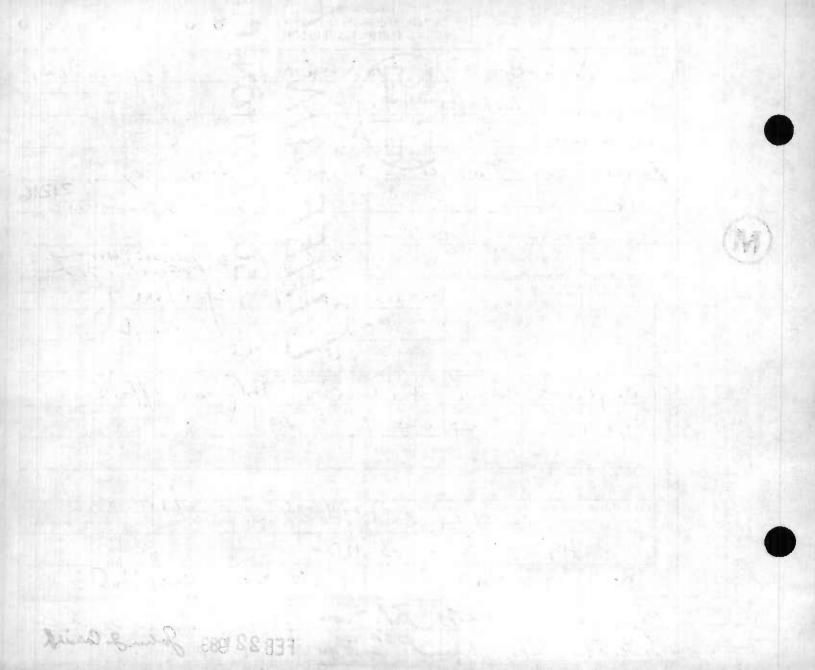
et et	1 -	tems 1	3a-e per		DEPARTMENT OF	HEALTH	ARYLAND AND MENT		NES 3	0	41	2 5
17		REGISTRAR CEASED NAME	FIRST	ME	DICAL EXAMIN	NER'S	ERTIFICAT	E OF DE		3. NO.		
1	{TY	PE OR PRINT)					LAST		OF ESTI-	×	DAY YE	EAR 26 HOUR
5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	3. SE	Υ Ι	Solon I. RACE	S. DATE OF BIRTH	Thomas 6. AGE (IN Y		arker	NDER 24 HRS.	DEATH MATER	2 MONTH		83 M
Î N		ale	Black	Sept. 8,	YEAR LAST BIRTHE	(RS.	S DAYS HOU		PRONOUNCED DEAD	2		6.054
2-		IRTHPLACE (STA	ATE OR	76. CITIZEN OF WI		Ta	ED NEVER A	MARRIED [9 BALTIMORE CI			
3	Bus	ssex Co.			USA	WIDOW	ED X DI	VORCED	Baltimo	re Cit	у,	MD.
K		Baltimo	re	3716 N	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) II I ford Ave	nue	er institution		WAL OCCUPATION MOST OF WORKING LIFE		12b KIND O OR IND	DE BUSINESS DUSTRY
	USU. 13a. S	AL RESIDENCE (IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GI	13c. Children on Miss.	lON)	13d. INSIDE CITY LIM	13e STI	REET ADDRESS P.	O. Box		Easter St99999
7	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S A				LAST	
X	1					- 1	Fannle			Par		
2	[,	res, no, or unknow	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166 SOCIAL SECURIT		17. INFORMANT		ADDI			
	1	es			227-14-98	87A	Lillian	Vines	3716 Mil	frod A		
	16	18 CAUSE OF PART I DE	DEATH (Enter on TH WAS CAUSE)	D DV	far (o), (b), and (c).)						BETWEEN (MATE INTERVAL ONSET AND DEATH
VAL.	1	47	9 DIMMEDIA		rterioscle		cardiov	ascula	r disease	-		
ON, OR REMOVAL.	1	Condition	s, if ony, which	DOE TO, OK	AS A CONSEQUENCE	Or						
5			to immediate	DUE TO, OR	AS A CONSEQUENCE	OF		-				
		lying cous	e last.	(6)		01						
	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIRUTING TO DEATH	BUT NOT RELATED TO THE TERM	WINAL DISEAS	OR CONDITION GIVEN	IN PART 1 to				
_	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?	>			20 AUTO	PSY?
3	I E										YES [□ NO 🛭
3		210. EXTERNAL UNDERLYING CONTRIBUTION	CAUSE WAS OR G CAUSE OF D	11% TIME OF HOUR A.M DEATH P.M.	MONTH DAY YEA	21c. Ho	OW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PA		
	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE AT WORK	JIN PLACE C	OFT TAKE ETC.)		CATION		CITY OR TOWN	cc	OUNTY	STATE
		77s. I certify		opot the remains des	/ A = -	Aytop	Г	pectian ,	Inquiry X	ond in my a	ipinion	
		death resulter	d from Natur	The Later of the l	(T) "	reide	. Hamicide L		termined manner	٦٠		
, MARYLAND,		ACTUAL SIGNATURE_	1/1	nome	WY SA	. Xa			DICAL EXAMINER	DATE	ED 2/2	1/83
5	1	EXAMINER'S N		3.00	la . In	A	7					
BAKNIMORE, MARYLAN		TYPE OR PRIN	T)		mith, M.D.		ADDRESS		enn St.	Balto	., MD.	
	23o. B	URIAL, CREMAT SPECIEY) Burial	ON, REMOVAL ?	JE DATE	23c. NAME OF CE	METERY O	RCREMATORY	23d. 10	ORTOWN	COL	UNTY	STATE
	24 F	UNERAL DIRECT	OR S	7 47-0	Juni	ucu	250. D	DATE REC'D. B	Y REGISTRAR A	REGISTRAR'S	SIGNATURE"	la.
))	LEF	ROY O. [YETT 460	0 LIBERTY	HGRS. AVE		EE	B 221	983	and	Coheel	K
					10101 ////				MVV (- 17



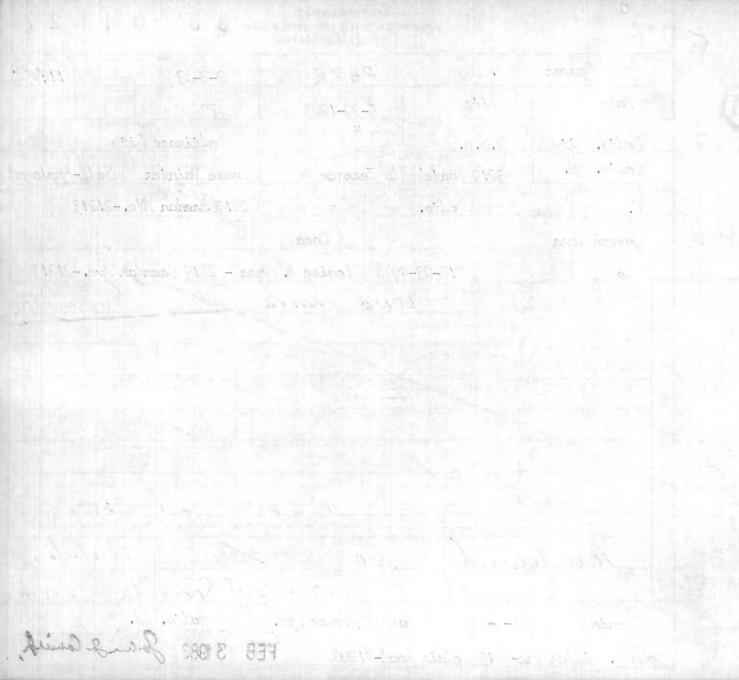
I. DECEASED NAME (TYPE OR PRINT) 10LH 4. RACE me To. BIRTHPLACE (STATE OF FOREIGN whreels 10 CITY OR TOWN OF DEATH SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 4 FATHER'S NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if any, which gove rise to immediate couse (o), stoting to underlying couse lost. plea CERTIFICATION Confestive 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH ental DIVISION OF MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 30 71d. INJURY OCCURRED 21e PLACE OF INJURY morked NOT WHILE WHILE LT WORK AT WORK saw the deceased alive an above, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE * FUNERAL old be deto 22d. PHYSICIAN'S NAME (TYPE OR PRINT) PORT, Soul ŧ 0 230. BURIAL CREMATION, REMOVAL 23b. DAJE BP.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH 103 2 76 CITIZEN OF WHAT GOUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED MARRIED WIDOWED DIVORCED [III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NIVE RESIDENCE BEFORE ADMISSIONS C. CITY OR TOWN DE STREET ADDRESS 13d INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN NAME 4457 introcces INFORMANI 166. SOCIAL SECURITY NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Cardiore DUE TO, OR AS A CONSEQUENCE OF une DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 elusa 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIN YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR 211. LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN STATE STREET 22a.1 certify that (1) (this haspital) attended the deceased from_ 19 8 2, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY THE LOCATION DHMH - 16 50M 1/81



5.	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3 O	4 1 2 7
		CEASED NAME FIRST (as par	MIDDLE	F	ARD	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	3. SE)	Male	4 RACE White	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35		RIHPLACE (STATE OR FOREIGN OUNTRY) Balto. City	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT Baltimore (
Par C	10 CI	Balto. Md.	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVES 3219 Nonte	TREET ADDRESS)	DROTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126. KIND OF BUSINESS OR
35	USUA 130. S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUR	ROTHER INSTITUTION GIVE RESIDENCE INTY 130, CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES X. NO	13. STREET ADDRESS 2819Brendan AV	e21213
800	4 FA	THER'S NAME FIRST Joseph Parr	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	LAST
medich		AS DECEASED EVER IN U.S. AR	RMED FORCES? 165 SOCIAL: 218-0	3-9948	17 INFORMANT	arr - 2819 Brende	an Ave21213
njury, or other troumatic event,	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	(c) DY: DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c)	EOUENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIV	BETWEN ONSET AND DEATH SCV. MON TITS VEN IN PART 110
	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	HA CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
	WEDICAL CER	7]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18. I	PART I OR RART 2)
200	WE	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OF	FICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE
em 21 is m		220. I certify that (1) (this haspi saw the deceased alive on abave, (1) (we) (did) (did no 22b. SIGNATURE		9, on		, to, leath accurred on the date and hou	
IMPORTANT: If Ite		Hank	Esseull (ni	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	2/2/4J
IMPORTANT	30 B	JRIAL, CREMATION, REMOVAL	[mme]	23c NAME OF C	2 2 2 W. C	123d LOCATION	a 2/2/0
	(5	Burial	2-5-83		deemer (em.	Balto. Md	COUNTY STATE
/B1 2	-	har. Miller 1	nc-6415 Belair	Road-2	1206 250. DATE	B 3 1983	PAR'S SIGNATURE



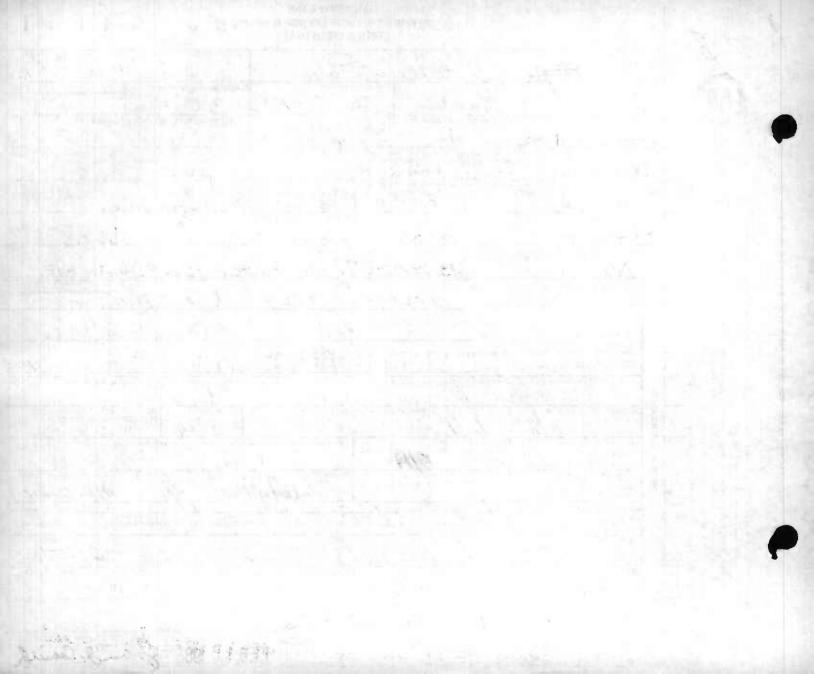
STATE OF MARYLAND

Fee. C. Warte Care The second second Ligerate forthing will be The same of the same to the same to the same

J. . oct. 1, 1 eal Estate et lar la altiore Juterille x 100 estur oac 100 Josep J. Passa D; Jr. ear er es II 214-1- lrs. prot . Passa o sa.e as l? Cre at • 2/1 / 3 Touco Pur: Genator althoughan la uc:To so 1 cral o.e, I . 1)) or't oac

PER U. B. Creacy Stee Display Interests Company and the state of the st College Colleg

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3. SE) 4. RACI 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTHS DAYS 76. CITIZEN OF WHAT COUNTRY? I BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 12e USUAL OCCUPATION 176 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY mo Suprinsor. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY 113c. CITY-OR TOWN Bauto 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MO Belgium aus 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Pu RICK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **INFORMANT** ADDRESS (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF ath underlying couse pleas ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? ō IN CERTIFYING CAUSES OF DEATH? Hygiene NO YES -NO [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR AM. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL 198 (IF EITHER, NOTIFY MEDICAL EXAMINER 10 71d. INJURY OCCURRED 211. LOCATION ?Ie. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) marked WHILE NOT WHEE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 28 sow the deceased olive on, , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did pot) ew the body afte Dept. Mb. SIGNATURE DEGREE 22c DATE SIGNED be detacle State Die \pm ATTENDING STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME_(TYPE OR PRINT) 22e ADDRESS unu. should by 0 230. BURIAL, CREMATION, 23d LOCAPION 230 NAME OF CEMETERY OR CREMATORY REMOVAL 23b. ORTOWN COUNTY Symp Kenner DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4))



FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Mo ully Funeral Homes

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

edan Hil

Patapsco Ave.

REG. NO

YEAR

IF UNDER LYEAR

INDUSTRY

YES T

COUNTY

22c. DATE SIGNED

2b. HOUR

12b. KIND OF BUSINESS OR

Umbrage

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

IF UNDER 24 HRS

20 DATE OF DEATH

	princip i means	Wanted Transfer	Sal records
	. 15, 1821 112 12	957/4	
	×	124	wastens.
ni niant - u	and Mandelell Red. vice	South in Pipone van	The second of
T. same can	marchine in the state of the st	Topic of Lo Labore	draw subtent
	Selection Selection		Name -
	er protein to the control	1605-16-718	05

		FOR		STATE OF MARYLAND	a b	OAI	3.
	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 4 1	4
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		26 HOUR
		Cutler		Penn	2/2/83		9:30
~	1	nale 1	Black	3. DATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
85	3	Virgina 14	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	Baltir	DR COUNTY OF DEATH	
(Q	111,0	Baltimore c	A THE NOTING EACHTY WE STRAN	NG HOME OR OTHER INSTITUTION OF SSILVEN St.	120 USUAL OCCUPAT	ON 12b KI D	OF BUSINES
33	130	AL RESIDENCE (IF NURSING HOME OR OT TATE) 13b, COUNTY	HER INSTITUTION GIVE RESIDENCE BEFO	TE ADMISSION) VN 13d INSIDE CITY LIM YES NO	ITS? 13. STREET MORES!	. Mosker	1 St2
巡	14.77	Diologi MD	Penn	15 MOTHER'S MAID	EN NAME MIDDLE	Ani	AST)
/redge	1	VAS DECEASO EVER IN U.S. ARME	P FORCES? 166 SOCIAL SEC	5-65/ W	ary Penn	219 W.	Mesi
injury, or other traum.	NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NOTIONS CONTRIBUTING TO	this Heart for	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	Ia
and and	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH
Mem 18 v	MEDICAL CES	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH C P.M.	AY YEAR	CCURRED (ENTER NATURE OF INJU	RY IN ITEM TO PART I OR PART 2)	
o period or	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	OWN COUNTY	\$1
2149	1	22a I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) and not we	12/30 10	92 and that in (my) (our) o	72 , to February for the department of the depar		10. 1
NT # Ites		226. SIGNATURE Ruy	yelm o	DEGREE ATTEND PHYSIC	ING MEDICAL STA IAN DIRECTOR PHYSK	FF .	2/83
MPORTAL		JAMES R	Euppel M.D.		of Md Hos	pital	
		Durial	236 DATE 7-83 236	NAME OF CEMETERY OF CREMAT	netary CITY OR TOWN	ownsiell	U ST
M 1/81 4)	24 FU	JNERAL DIRECTOR NAME Trvin Carroll	1712	HE COLD IN THE STATE OF THE STA	FEB 3 1983	PEGISTRAR'S SIGNA	TURE

Regulating arent Martin Sugar Sunt fred him and the Maretake american 17 TO 101 IN THE ST. form layed on a second of the Lawren Ropel on to dies of the Hospital THE FER B. MAR. SEAL S. CALLES

To	4	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3 0	4 1	3 4
	e 4		CEASED NAME FIRST OR PRINT) STEPHEN	D .		ESTR I		000	2b. HOUR
	ge 4 moy	3. SE		RACE W	5. DATE O				IF UNDER 24 HRS HOURS MIN.
0	Poor It I have been been been been been been been be	1	RTHPLACE (STATE OR FOREIGN 76. COUNTRY)	CITIZEN OF WHAT COUNT	RY?	☐ NEVER MARRIED 🔀	9. BALTIMORE CITY OR COUNTY	OF DEATH	MD.
102	by the filed with another of		BALTIMORE	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	F MD	CALLEY OF TH	120. USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE EECTRICIAN	INDUSTRY	BUSINESS OR
MARYLAND 21201	in 24 hou y filled in hould be		AL RESIDENCE (IF NURSING HOLE OR OTH TATE 186 COUNTY	PREED 13c. CITY OR	TOWN	YES NO	130 SIREET ADDRESS 2619 HIGBEE	ROF	20783
MARYL	ompletely ond 2 s		THER'S NAME PIRST DOMINICK		ESTRI	15. MOTHER'S MAIDEN NAM EUZABET	H AND MIDDLE	WILLIA	m S
BALTIMORE,	S. Poges		(AS DECEASED EVER IN U.S. ARMEI ES, NO OR UNKNOWN) (IF YES, GIVE WA		8-6890	Elizabeth am	n Ponnestre (13	se)	
ST., BAL	rerrificate ng physici bonpaper r removal.	12	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO.	V: D=CDI	PATORY	FAILU RE			ATE INTERVAL NSET AND DEATH
PRESTON	e death ce antendin move carb tation, or i		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	MONIA			32	veelis
3	that the d by the ease rei al, crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	ATIC	TESTICULAR			months
RECORDS, 201	quires signe lhen p to bur njury.	TION	hon	e			NAL DISEASE OR CONDITION GIVE		
TAL REC	N: The law re ysicion. icate has been ransit permit. I Hygiene priar 18 shows any ii	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION		YES NO NO YES	, WERE FINDING YING CAUSES C	OF DEATH?
DIVISION OF VITAL	SKIA ng pl certif priol-t frem	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)	
DIVISIO	DING PHY or othendi After this se os the bu	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OF		2H. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	ATTEN ospitol ECTOR: d for us it. of He m 21 is		220.1 certify that (1) (this haspital), sow the document of alive an abave, (1) (we) (did) (did nat) vi 22b. SIGNATURE		19 <u>83</u> , on	d that in (my) (our) apinian a	leath accurred on the date and haur	and from the co	
	by the hy ERAL DIRI e detoche Stote Dep		22d. PHYSICIAN'S NAME (TYPE OF PR	, AD		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE S	183.
	TO HOSPITAL (TO FUNERAL I should be deto with the Store I MPORTANT: H	01	S	0	02 1140 - 25	22 S. GREE	NE ST. BALTIM	IORE, M	1). 21201
	BP	-	Dweel Dweel	Fet 28-1983	FL Leur	METERY OR CREMATORY	Breitwood P	F. K.	STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)	>	Weller Walters	JETANICA 254	Curroll	AF SP AR	REC'D, BY REGISTRAR 256, REGISTR	2 Coluc	4

Alleria da de la companya da dela companya dela companya da dela companya da dela companya da dela companya da dela companya da dela companya da dela c Market Common Common St. (184) Sept House time to 184) ALM HIGH IN AND DELLO VER AND BELLO VER

harles S. Zeiler & Son Inc. 6224 Eastern Ave

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

aise 3 23 /3 Territoria (Carried Land Carried Land Control of the Carried Land Car 42212 Seed - South - ----Leiclen Hamies Sech 11-11-1200 10 00 00 10 1000 100 100 100 1000 1 The transfer of the transfer o A CONTRACTOR OF THE PARTY OF TH Charles J. Leilen & Von Sinc 6224 Surfan Ave. 1777 1883

AND THE WORK OF THESE Description of Four Court of State 1931 1. CERTA 1980 A CALL COLUMN

4	1-	STATE REGISTRAR		D		EALTH AND MENTAL HYO	GIENE & S	U	4 1	3/
		EASED NAME	FIRST	WIDDLE	1	AST		MONTH DAY	YEAR	2b HOUR
	(TYPE	OR PRINT)	ANNA	В.	PE	RKINS	FEB	2 .	1983	6 A
	3. SE	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
2	E	EMALE		BLACK	MONTE	6° o°4°	78	YRS	HS DATS	HOURS MIN.
DX.	7a. BI	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
10	I	C.		USA	WIDOWE		BALTIMOR	E CITY		MD.
0	10. CI	ALTIMO		11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 2811 GRANT	NURSING HOME O	PROTHER INSTITUTION	120 USUAL OCCUPATION OF MOST OF WORK FOR MOST OF HOUSEWIF	ON	26. KIND OF NOUSTRY	BUSINESS OR
25	13a S	L RESIDENCE (# TATE	NURSING HOME OR 13b COUP			13d INSIDE CITY LIMITS? YES \(\overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \overline{\text{NO}} \	13e STREET ADDRESS	NTLEY	ST.#2	1215
100		THER'S NAME FIRST [APOLEO]		MIDDLE BRO	WN	15. MOTHER'S MAIDEN NA LAURA		WAT	LAST	
/ hedica	1)	AS DECEASED E		E WAR OR DATES)	al security NO. -30-912	17 INFORMANT Louise Ho	lley-Balt	Fernd imore.	ale A	venue
or other traumatic event	C Carolina	Canditions, if gave rise to couse (a), sunderlying co	IMMEDIATE any, which immediate toting the	by one couse per line for (o) DBY: E CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	NSEQUENCE OF	y stan	och u	ifl.		well milebral miser and Death
shows ony injury.	CERTIFICATION	PART 2 OTHER S		ONDITIONS CONTRIBUTE		NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES, WIN CERTIFY IN	ERE FINDING G CAUSES (GS USED
Hem 18	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DEA	TH HOUR A.M. MON	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
rked or	MED	21d INJURY OCC	URRED	21st PLACE OF INJURY		711 LOCATION	CITY OR TO	WN	COUNTY	STATE
n 21 is mork	Ġ	sow the dec	eosed one an e) (did udid na	al) anulated the deceased	19 83 00	d that in (my) (our) opinion	death account on the de	, 19_ ote and hour on		
7. #		226. SIGNA ÜRE	angl	Larga	m)	*	DIRECTOR PHYSIC	F IAN 🗌	L/3/	JGNED J3
IMPORTANT: #	2	22d. PHYSICIAN	NAME (MPEC	arpz 1	uD	1700 Rec	stevstown	Rd.	Pikes	arthe MI
_	BÜ			2/5/83	23c. NAME OF C	EMETERY OR CREMATORY JRN CEMETER	23d. LOCATION CITY OR TOWN Y BALTIM		UNTY	STATE
1/81		PERAL DIRECTO		er 3035k	Presshorth	au FEE	E REC'D. BY REGISTRAR 3 1983	2 GESTRAR	S SIGNATU	RE WILL

990

1	1 -	FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE B REG NO. O	4 3 8
Post.		CEASED NAME FIRST	WIDDLE	ALC: NO	LAST	20. DATE OF DEATH MONTH	GAY YEAR 26 HOUR
1		ANDRE	A	PEH	RRY	FEBRUARY 15,	1983 11:38A
	3. SE	X	4. RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		Female	Black	10	D 21 63	19 YRS.	Bon made I am a
5	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
5		Maryland	U.S.A.	1110011		BALTIMORE CI	7110.
5.	5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT	VE STREET AQURESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR FE) INDUSTRY
2		Baltimore AL RESIDENCE (IF NURSING HOME O	THE JOHNS		HOSPITAL		
35	73a. S M	aryland 136.COL	INTY 136 CITY C		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1230 E. Eage	r St. 21202
	14 FA	ATHER'S NAME	MIDDLE L	AST	15. MOTHER'S MAIDEN NAM		LAST
Can		Joseph	Per	-	Mildred		Kyler
		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR CATES!	AL SECURITY NO.	17 INFORMANT	ADDRESS	
		No	218-	74-6546	Mildred Pe	erry 1230 E. E	
E 486		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line for (a), SED BY:	(b), ond (c).)	1. 1	10 1 land.	BETWEEN ONSET AND DEATH
i do a			ATE CAUSE (o)	an	gestive k	Hant Jelle	10 Faarp
9		7277	DUE TO, OR AS A CON	SEQUENCE OF	mandial	Custing Dal	at in in
		Conditions, if any, which gove rise to immediate	(b)	man	oco recon	assuming.	Car 19 9NS
		cause (a), stating the underlying cause last.	DUE TO, OR AS A COM	SEQUENCE OF	Synds	one	19 yrs
10 m	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	OOL	INOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART Ha
1	ERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	a de Caracian de la companya della companya della companya de la companya della c		S, WERE FINDINGS USED
X	LIFIC	None		Non	e.		FYING CAUSES OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCURS	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
~	AL	OR CONTRIBUTING CAUSE OF DI	E MIII	19			
5	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM STC)	211 LOCATION	CITY OR TOWN	COUNTY STATE
200	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR),	OFFICE, PARM, ETC.)	1, -	0	60. 2
5		220.1 certify that (1) (his has			0 14 19 8	3, to 10/5	19 tho (II) we) lost
7	, in		not) view the body ofter death	19 8 3,0	nd that in (my) lour) opinion	death occurred on the date and hou	or and from the couses stated
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		226. SIGNATURE	Solge 1	MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR □ PHYSICIAN	126. DATE SIGNED Reb 15/83
		226 PHYSICIAN'S NAME (TYPE	OR PRINTI		22e. ADDRESS	1 1	110
		Bolger	Graen		Johns H	opkins Hog	b/fal
3		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY STATE
		DOKTAD	2/19/83	Mount	: Auburn Cem	. Baltimore	Md.

DHMH - 16 50M 4/82

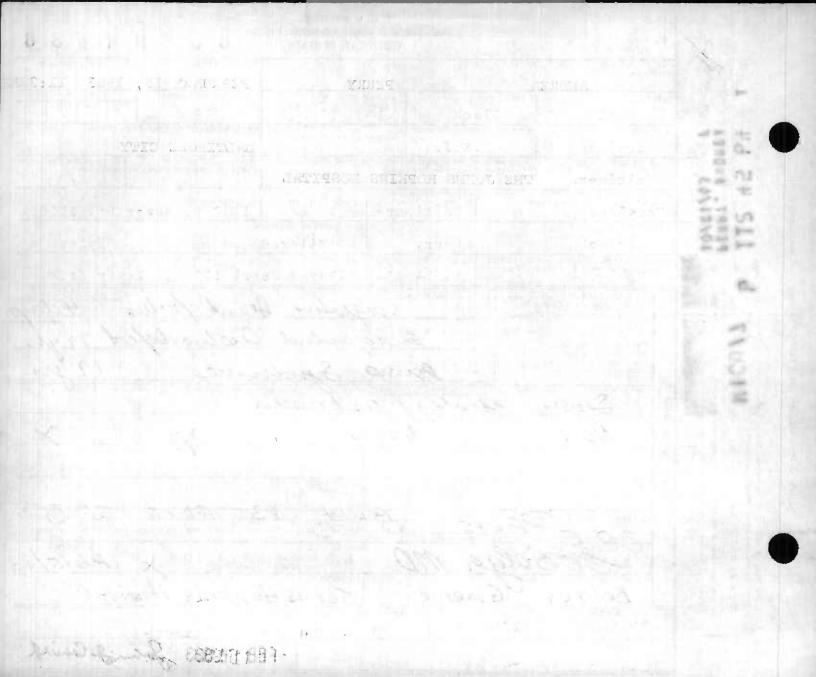
BP.

(VRA 15, 4)

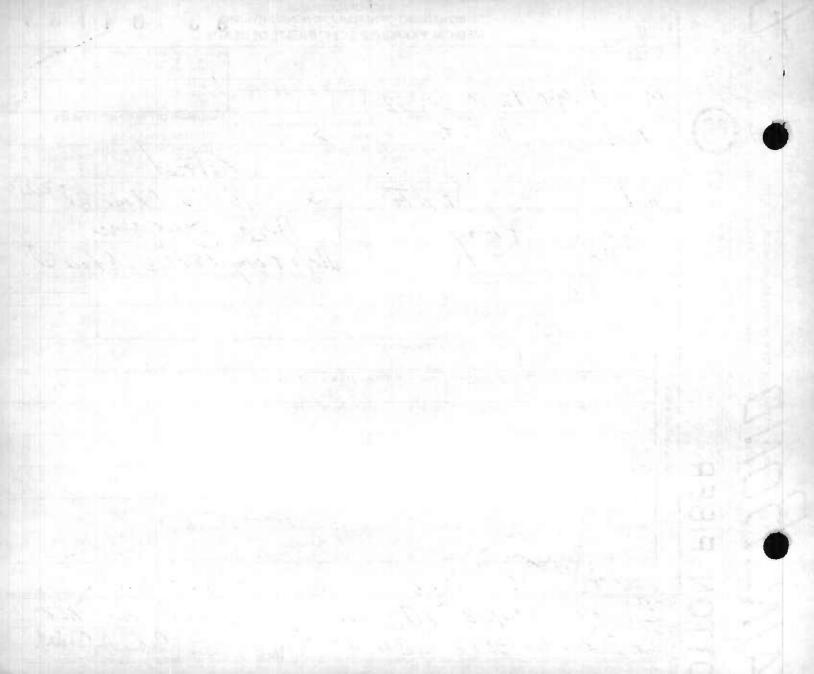
24 FUNERAL DIRECTOR

ACCRESS ve.

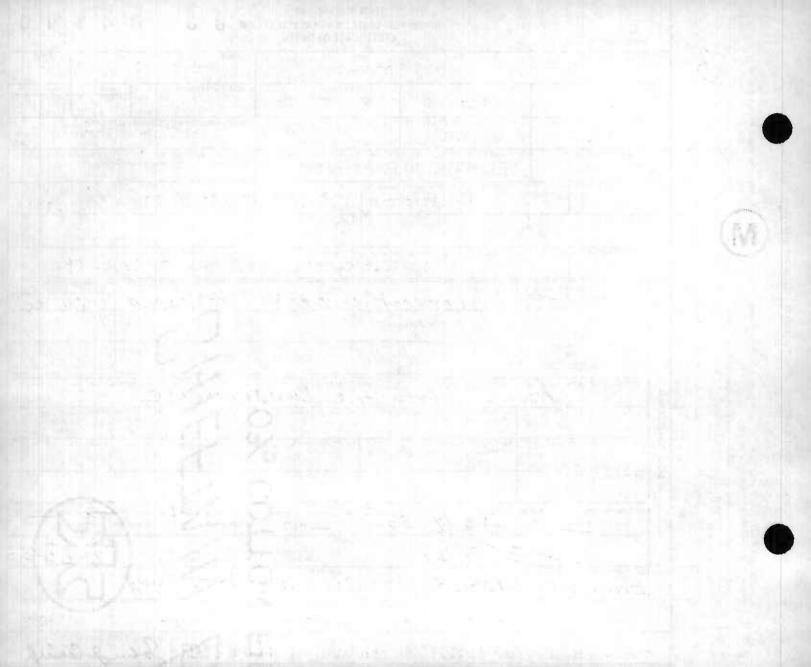
FEB 1 6 1983



-0 L				STATE OF MARYLAND		A a man of
5		FOR STATE		NT OF HEALTH AND MENTA AMINER'S CERTIFICATI	EDEDEATH) 4 3 9
1		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN X	
STREET,		E OR PRINT)		DEDDV	OF ESTI- DEATH MATED	
STREET,	SE)	CARL 14. RACE	S DATE OF BIRTH 6. A	PERRY GE (IN YEARS IF UNDER 1 YR. TIF UN	IDER 24 HRS. 2c. DATE	2 28 19 83 A
- P.C.	1	1. NIGRO		ST BIRTHDAY) MONTHS DAYS HOUR		2 28 19 83 P M
12	7a. B1	STHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY O	R COUNTY OF DEATH
13	5	REIGN COUNTRY)	11.5.7.	X.	orced Baltimore (City ME
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE FOR MON OF YORKING LIFE)	
80		Baltimore	1517 E. Chase	St.	2010201	OK INDUSTRY
	JSUA 3a. S	L RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		IS? 13e. STREET ADDRESS	/ ZIZI3
5		M4	Dal	YES NO	- 1 - 100 // ///	we RI
500	14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MY	AIDEN MAME	A LAST
200	6- 14	Glass AND AND AND AND AND AND AND AND AND AND	Terry	/ / / / / / / / / / / / / / / / / / /	ella July	your.
1	(YI	AS DECEASED EVER IN U.S. AR	WAR OR DATES)	SECURITY NO.	ADDRESS	010.00
-	_	THE CAUSE OF DEATH (5.4	/	unerce 1	cory -118	APPROXIMATE INTERVAL
-		PART I DE ATH WAS CAUSEI				BETWEEN ONSET AND DEATH
N N		3030 IMMEDIAT	DUE TO, OR AS A CONSEQ			
MENTAL HYGIENB, ON, OR REMOVAL.		Conditions, if ony, which		ounce of		
88		gove rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQ	LIENCE OF		
URIAL, CREMATION, C		lying cause last.	1	DENCE OF		
		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART E (g)	
	NO					
3	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED?		2D AUTOPSY?
0	TIF					YES NO X
3		210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCU	JRRED LENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
123	CAL	CONTRIBUTING CAUSE OF D	DEATH P.M.	19		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK				VIAIL
		22a I certify that I took chorg	e af the remains described obove, h	eld on Autopsy , Inspe	ection . Inquiry . one	d in my opinian
		death resulted from Notur	ol causes X, Accident	, Suicide , Homicide	Undetermined monner ,	
		1	2	TITLE (SPECIFY	()	
· (j		ACTUAL SIGNATURE	M	M.D. Assista	ant MEDICAL EXAMINER	DATE SIGNED 3-1-83
BALTIMORE, MARYLAND, 2		EXAMINER'S NAME	1/2: 45		14 D- Cl D L	M.1 04004
54		(TYPE OR PRINT)		ADDRESS	11 Penn St., Balto	o., Md. 21201
2	3a. B4	PAL, CREMATION, REMOVAL	DATE 1/83 BE NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	/OUNTY /
	24.54	NERAL DIRECTOR	0/4/02 /11/	, , , , , ,	ATE REC'D, BY REGISTRAR 1256 AGIS	TRAP'S SIGNIANIPE A
7 (5))	1	MAME TURNOHER	4/38 h (10)	1.11	1000 (/ 0	TRAR'S SIGNATURE
4	10	CG 2 111-11-11	1001110	V	MAR 1 1983 Joe	



/	1-	FOR STATE REGISTRAR			DEPART		ALTH AND	MENTAL HYG DEATH	IENE &	REG. NO.	U	4 1	4 0
25%		CEASED NAME OR PRINT) R	aymo:		MIDDLE	Peter			le DATE OF Febr			DAY 1983	2b. HOUR
rs often	3. SE.	Male	ľ	RACE Bla	.ck	S. DATE OF	BIRTH 8AY	05	6. AGE (IN YE	ARS LAST BIRTHD	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
in 72 hour	7e. Bl	RTHPLACE (STATEORF	OREIGN 7		WHAT COUNTRY?	8 MARRIED WIDOWED		MARRIED K	9 BALTIMOR Ba	echyor 1tim	COUNTY	City	MD
Policed will	10. € Ba	TY OR TOWN OF DEA		Union	HOSPITAL, NURSIN H FACUITY, GIVE STREET 1 MEMOR 1				128. USUAL O				OF BUSINESS OR
must be	13a. S	AL RESIDENCE (IF NURSI STATE MD	ng home or o 13b. COUNT		Baltin		136. INSIDE C	ITY LIMITS?	130. SZRSEŽA	DDRESS E	31s	t. St.	21218
300	14. FA	THER'S NAME FIRST	M	IDDLE	LAST			S MAIDEN NA/ FIRST	ΛE	MIDDLE		LA	
. Page.	16a V	VAS DECEASED EVER I		NED FORCES? WAR OR DATES)	262-16-		Carr:	ie Bar	nes 20	ADDRESS 022 E		1st. S	t.
s, been signed by the attend ermit. Then please remove or e prior to buriol, cremation, s s any injury, ar ather frauma	CERTIFICATION	Conditions, if any, gave rise to imm cause (a), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT	lediate the last.	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO I OLS T ITION FOR WHICH	DEATH BUT OF	've	lung	INAL DISEASE 200 AUTOR	ers	C. IF YES	VEN IN PART 10	NGS USED
certificate houriol-transit prental Hygien.		210. ACCIDENT WAS UNDI	AUSE OF DEAT		M. MONTH DA		21c HOW IN	IJURY OCCURE /		NO URE OF INJURY I		PART I OR PART 2)	NO 🗌
2	Š	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR		P./ 21e PLACE C	OF INJURY	19	21f LOCATIO						STATE
si A Pa	MEDICAL	WHILE NOT WHI	κ 🐸		eff. FACTORY OFFICE, F	ARM ETC)	18	10	to	LO L	,	COUNTY	that (I) (we) lost
by the nospinal or arrends RAL DRECTOR: After this edetached for use as the bu state Dept. of Health and M NI: if them 21 is marked or	WEI		this hospitod alive an_ d (did not)	view the bady	deceased fram_	19 33 , one	18 that in (my)	_, 19 (aur) apinian (ATTENDING PHYSICIAN	MEDICAL	an the date	and hav	19.83.	SIGNED
DIRECTOR: After this sched for use as the budget of Health and M f them 21 is marked an	230.5	22a. I certify that (I) (saw the decease above, (I) (ma) +d	(this hospital d alive an _ id) (did not) Mb yiype or	view the bady	atter debths 19 5	19 0	that in (my) EGREE 22e ADDRES 201 2	ATTENDING PHYSICIAN CONTROL CREMATORY	MEDICAL DIRECTOR [an the date STAFF PHYSICIAL	and hou	19 23.	causes stated



Burgee Funeral Home 3631 Falls Road 21211

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Good Shephard Cemetery Ellicott

REG. NO

YRS

YES [

COUNTY

2b HOUR

:38

21209

83

STOKES

NO F

STATE

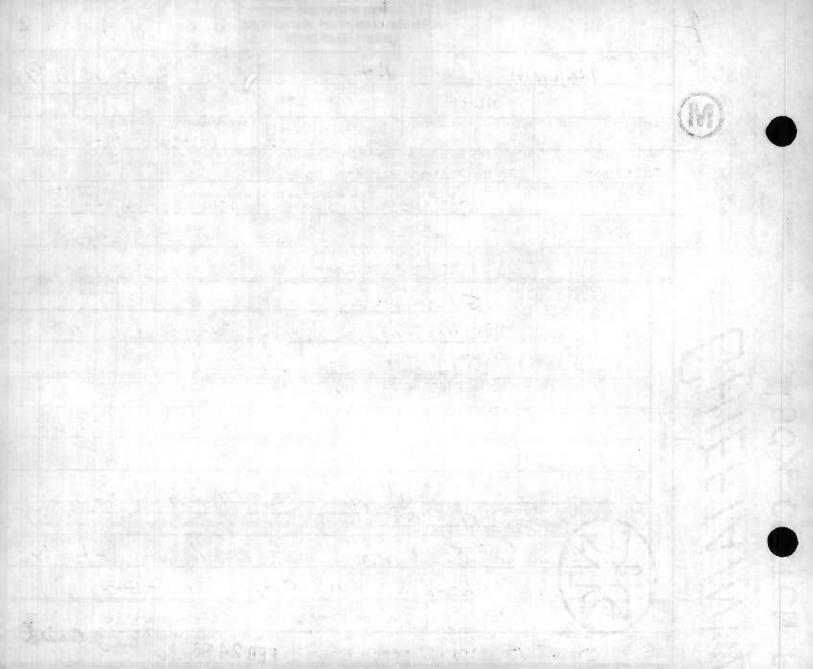
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

1 - STATE

REGISTRAR

CZELLA V RETIFERED I SI SI I'M AC SAN SERVINE MELANDERS IN SERVINE ANNE STANDER STANDER STANDERS STANDERS BALLISMERSE THE WISLEY HOME, INC. HOUSE WIFE I STRAT M.D. - BELTIMORE X 33H W. R. G. E. E.S. HEEMIE ELKH LEE LEE LAKEY V - STOKES NO 215-63-91/9 Take the same too wat to need the selection of N A Charles - Training and Line of the Art of the Contract of th MARKET THE STATE OF THE STATE O Charles and the second of the In the common of the common of the



12 12 25 4 TELEBRESS TYPE er animonted the Market Market Salahaning or. 21726Flb6 VEGGGGERES PATE 6509 OCESSI BEND

	1.	FOR • STATE	DEP	STATE OF MARYLAI ARTMENT OF HEALTH AND M CERTIFICATE OF DE	IENTAL HYGIENE 🔞	3 0	141	44
N		REGISTRAR CEASED NAME FIRST	WIDDLE	LAST		REG. NO.	DAY YEAR 2	h HOUR
1 75	(TYPE		KSON	PHARR	PEDD	TIARY 18	1983	07.55
AE -	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE IN	YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	F UNDER 24 HRS
(RM)		Male	Black	3 8 DAY	18 9 9	83 YRS.	MONTHS DAYS	HOURS MIN.
4 I WILL		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED TO NEVER M.	APPIED 9 BALTIMO	ORE CITY OR COUNT	Y OF DEATH	
13.0	4	I. Carolina	U.S.A.			LTIMORE O	CTTV	MD
3 0 4 3	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTI	TUTION 120. USUAL	OCCUPATION ORK FOR MOST OF WORKING LI	12b. KIND OF	BUSINESS OR
3 3	5 .	AT TTMODE						
d be	USU	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		ADDRESS		
N TO SECOND		Maryland		•	NO [225	9 Madison	n Ave 2	1217
a se		ATHER'S NAME		15. MOTHER'S	MAIDEN NAME			
10 30 M	2	FIRST	MIDDLE Phar	Maria Maria	ttie	WIDDLE	Sloan	n
-	1140	William WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMAN		ADDRESS		0011
dice			IVE WAR OR DATES!					
E E		No		09-3339 Eddi	e White 13	23 Alliso		
· · · · · · · · · · · · · · · · · · ·		18. CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), and rest	1		BETWEEN ON	ATE INTERVAL
de de de		PART I. DEATH WAS CAUS	ATE CAUSE (0) Cardios	rulmonous arres	T			
Tree ing		HILL						
o co		1177	DUE TO, OR AS A CONS	10 11			2.	
office of the of		Conditions, if ony, which	1b) Conges	THE HEAT THE	MCS		- 9	COES
her in the		couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF			2	
ease al, cr			(c) Compre		ASE.		24	eass
fhen pl to buri njuny, c	Z	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEA	SE OR CONDITION GIV	VEN IN PART 110	911-3
Prior ony is	CERTIFICATION	190. DATE OF OPERATION		HICH OPERATION WAS PERFOR	RMED 20e AUT	OPSY? ZOb. IF YE	S, WERE FINDING	SUSED
	E				VEC V		IFYING CAUSES O	NO M
Show show	- 5	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW INL	YES			NO RI
Mentol Hygin or Item 18 sh	3	OR CONTRIBUTING CAUSE OF D	THE COLUMN TO A STATE OF THE ST	DAY YEAR	JURY OCCURRED (ENTER N	TATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
of a special	18	I IF EITHER, NOTIFY MEDICAL EXAMIN		19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
e os the olth one norked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)		CIII OII IO		
alth nort			-ta-th -assessment about the state of the	Eals 16	10 83 to 1	Cob 18	10 %3 the	ot (I) (we) lost
S E		saw the deceased alive a	pitol) attended the deceased f		. 17		, , , , , , , , , , , , , , , , , , , ,	
of for	8	obove, (1) (we) (did) (did r	eat) view the bady after death.	19 <u>\$3</u> , and that in (my) (our) opinion deom occurr	ed on the date and ha		
DiREC oched Dept. If Item	4	22b. SIGNATURE	2 - 1 1 2	DEGREE			22c. DATE SI	1
_4 e= (b)	1	Daniel	& Jon, M	O, AT	TTENDING MEDICAL	R PHYSICIAN	2/18	1/13
nould be deto	-	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS			001.	00 1
should be de with the Stotl	3 4	DANIEL E		Zahn	13 Hapkins	Hospital	Beltim	one, Mick
with With							2	1502
, ,	23a. I	BURIAL, CREMATION, REMOVA		234. NAME OF CEMETERY OR CI			COUNTY	N STC.
		(SPEC'B'URIAL	2/24/83	Hopewell Me	th Cem Ch	Tarrotte		N.U.
	24 F	UNERAL DIRECTOR				REGISTRAR 256. REGIS	TRAR'S SIGNATUR	RE
50M 4/82 15, 4)		NAME C. Mamala E/		RESS Nombh Arro	FEB 2	2 1983 %	4. 2.6	shield
.0, 9)	W1	m.C.March F/	H Inc. 1101 h	. North Ave.	, 2027	- 1000	THE W	- Comment

P.P. D.J

(VRA 15, 4)

. 7 7 1 1 1 al=foresitus 1 . 252 400. La T. va - les . In------15 Woll see, stripping to melver The Table See. Margaret 1484 Horald -1-1-1-0:E-1MIDDLE

GIRACE

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE

REGISTRAR

DECEASED NAME

TYPE OR PRINTS

6. DAYS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LYMPHOMA 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE 19.8.3., and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN UPPER MILLS CIRCLE BALTIMORE MD 21228 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Feb 11, 1983 Goodshephred Ellicott City Maryland 24 FUNERAL DIRECTOR Harrry H Witzke 4112 Columbia Rd Ellicott Ctv FEB 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PHELPS

REG. NO.

MONTH

2

ଟ

198

IF UNDER 1 YEAR

INDUSTRY

2h HOUR

126. KIND OF BUSINESS OR

CLARK.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4.8 hrs.

wool mill

IF LINDER 24 MRS

20 DATE OF DEATH

en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de CHA CAMPINE . 06117 Illm food reacont nerigan " Who he was I do would not be THE PARTY OF THE PROPERTY OF THE REPORT datal case, is consequence different farmant Marry H Witzke 4112 Columbia & Ellicott Gty

20M 4/82

Bruzdzinski Funeral Home FA 1407 Old Eastern Avel EB 231983

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR

Description and the second sec

Fermine Add Service Se

ryland ladthers Dundalk 21212 is 7862 at. Descent Dr.

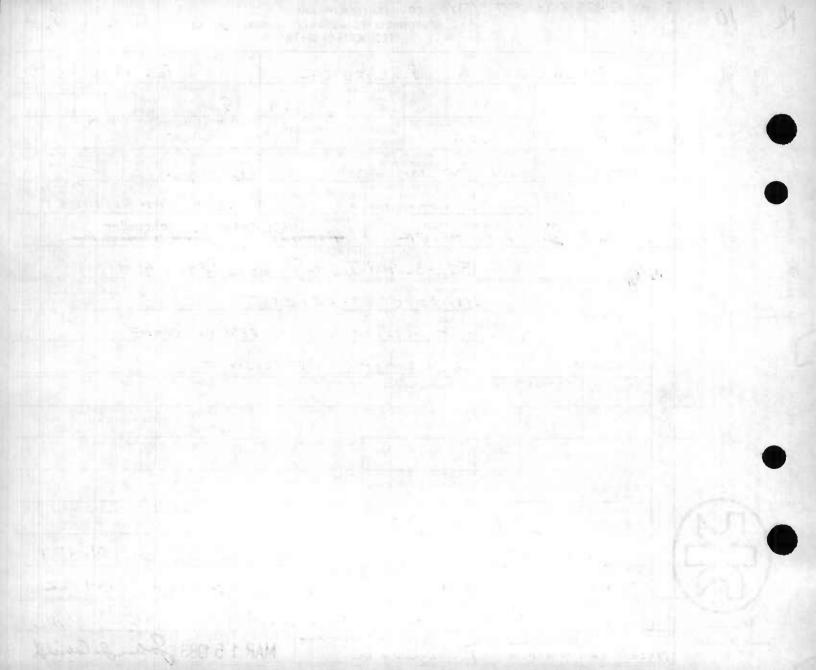
email | Description of Link & Description | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | St

and in the far conjugate on 1407 old pastern aveil 682 8888 g. sa.

1 8	1.	FOR STATE REGISTRAR					HEALTH AND ME		ENE 8 5	U 4 1	4 4
be age 3		CEASED NAME OR PRINT)	Raymo	nd '	Gene	PAIL	Philli	ps,Sr.	20. DATE OF DEATH MONTH	DAY YEAR - 19-83	26 HOUR 4
ge 4 mo	3. SE	Mala	4 RAC	WH	TE	5. DATE		YEAR 936	6. AGE (IN YEARS LAST BIRTHDAY) 46 YR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
See of the see of the		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CIT		WHAT COUNTR	MARRIE	D X NEVERMA		Baltimore City OR COUR	NTY OF DEATH	MD.
by the to	10 C	TY OR TOWN OF DEATH	{ IF	AME OF H	HOSPITAL, NUR HEACILITY, GIVE STR LOTE CIT	SING HOME (OR OTHER INSTITU		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Magazine Opera	IZE. KIND O INDUSTRY	F BUSINESS OR
filled in could be f	13a. S	AL RESIDENCE (IF NURSING HOTATE		NSTITUTION		OWN	13d INSIDE CITY		13e. STREET ADDRESS 707 Meadow Av	2	1222
ompletely on 2 sh		THER'S NAME FIRST Edward	MIDDLE J.		Phill	ips,Sr	15. MOTHER'S M	51	E	DuF	Pont
on and co			. ARMED FO S, GIVE WAR O 055-19	R DATES)	166 SOCIAL SE 215-34		17. INFORMANT Dorothy			7 Meadow lto. MD	Avenue 21222
that the death certificate d by the attending physical lease remove carbon papers (al. cremation, or removal. or other traumatic event, the		18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUSE IMME Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DIATE CAU	UE TO, OF	Ine for (0), (b), AS A CONSEC	DUENCE OF	YO CARDI	ial in	VFARCTON	APPROXIMEN O	MATE INTEVAL INSET AND DEATH
n. nos been signee permit. Then pl ne prior ta buri	CERTIFICATION	PART 2 OTHER SIGNIFICA					NOT RELATED TO		IN CEI	YES, WERE FINDIN RTIFYING CAUSES	GS USED OF DEATH?
SICIAN. The ng physicia certificate brial-transit tental Hygie frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH	b TIME OF	M. MONTH	DAY YEAR	21c HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	YES 18 PART 1 OR PART 2)	ио 🗆
MG PHYS r attending the this as the but thand M orked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		e. PLACE C	OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	0	CITY OR TOWN	COUNTY	STATE
aspital or ector: A d far use t. af Heal m 21 is m		220 I certify that (1) (this h saw the deceased alive above, (1) (see) (did) (de	e on		118 19	55,1		r) opinion de	enth occurred on the date and		hot (1) (we) lost couses stated
by the hby the by the boy the boy the boy the boy the boy State Dep		226. SIGNATURE	Jan (ato	s Mys			ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/1 DATE S	181
TO HOSPIT, retained by TO FUNER, should be downth the Stoll IMPORTAN	73n B	URIAL, CREMATION, HEMO	CV	RITA	M	NAME OF	EMETERY OR CRE	AAA TORV	123d LOCATION		
BP	(Burial	2	2/22/	83 Н		ill Mem.		CITY OR TOWN	соинту	aryland
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	NERAL DIRECTOR Duda 7922 Wise	a-Rucl e Aver		ADDRES.		21222	FEE	2 2 1983 AR 25 6	STRAR'S GN	welf.

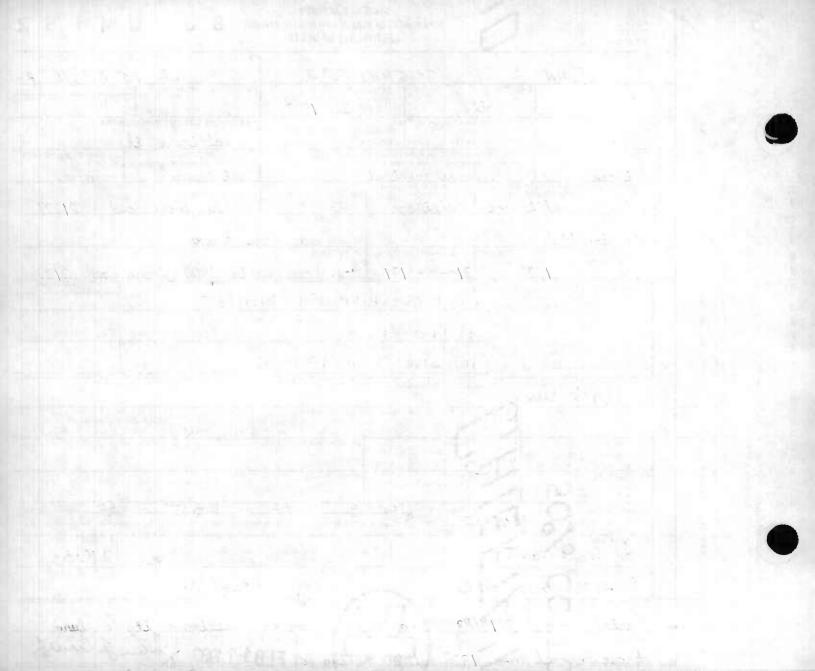
FEB 2 2 1833 Jan & Baller

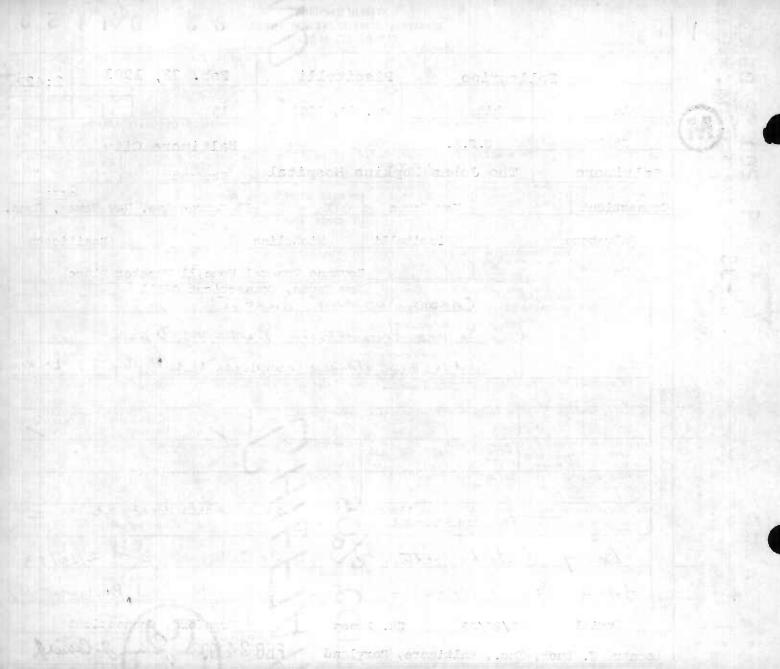
The company Seorge A Race So December So Decem	16	Ite		n G577 3/31/83 r		0 2	0 4 1 5 1
DECEASED NAME ADATE OF DEATH SECOND ADATE OF BRITH SECOND ADATE OF BRITH SECOND ADATE OF BRITH ADATE OF DEATH ADDE (**) 10	1 -	STATE	DEPAR			0 4 1 4	
SEX ACE SOATE OF BRITH SEX PROJECT SEX PROJECT	1 DEC		MIDDLE	LAST		ONTH DAY YEAR 2b. HOUR	
SEX SOUTH OF BIRTH DAY 129 SACE INTERESTINATION OF SUBSTINATION OF SUB	e 7 f				PIEL MEIER		
MONTH DAY 142 53 VRS. Part	noy b	3. SEX					
MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN MARRED DACK MARRED GIVEN MARRED GIVEN	4 9 4 5			W	MONTH DAY YEAR 29	53	
DECITY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. SUSUAL OCCUPATION 13. STATE 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 13. STATE 13. STAT					MARRIED WEVER MARRIED	_	
USUAL RESIDENCE (IF NURSEAGN-ORMED COUNTY 12t. CITY OR TOWN 13t. STREET ADDRESS 20 30 30 30 30 30 30 30	Softer d	10. CI		(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY
The property of the property o	24 haurs	USU/ 130. S	TATE 136 COU	DR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION) WN 13d. INSIDE CITY LIMITS?	124 STREET ADDRESS	ANBURENST
DE CONTRIBUTION OF CONTRIBUTIO	d within npletely and 2 sh		THER'S NAME E.	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME nelmina Mipple Sc	chroeder usi
The property of the property o	ecute s 1 con	16a. V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSED BY: PART	Page exe	()		578-3	6-9134 JUANITA PIEli	neisie (Same	AS#18)
gove rise to immediate couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to the underlying couse in the und	certificating physican properties of the contraction of the contractio		2089 IMMEDIA	ATE CAUSE (o) ROS A CONSEQ	HENCE OF		
THE PROPERTIES OF DEATH OF DIRECTION IN THE INDIFFERENCE OF INJURY IN THE INJURY IN THE INDIFFERENCE OF INJURY IN THE INDIFFERENCE OF INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY OF INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE	the remover the company of the compa		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	VENCE OF PNEU,	nowiA	
OR CONTRIBUTING CAUSE OF DEATH DURY A.M		N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH OWN 19 PMSICIAN DIRECTOR PHYSICIAN DIRE	ne faw re San. has been permit. I ene priar	FIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \to NO \to
216. PLACE OF INJURY 216. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET 218. LOCATION STREET CITY OR TOWN COUNTY 220. I certify Into (I) (this hospital) attended the deceased from obove, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	ICIAN: The physician physician continuous in the physician		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2)
sow the deceased alive on 2/27 19 \$3 , and that in (my) (our) opinion death accurred on the date and hour and from the cause obove. (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	¥ ¥ po g d ≤	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY		CITY OR TOWN	4 COUNTY STAT
PHYSICIAN DIRECTOR PHYSICIAN DIR	TTENDIN pital ar TOR: Af far use a af Health		sow the deceased alive or	n 2/27 19	- 2		
TCHEKMEDYIAN UNIVOFMD CANCER CENTE	At th teleto			your	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	221. DATE SIGNED
0 + 0 + 5 - 1	HOSPIT ained by FUNER ould be c					DCANCE	R CENTER
230. BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1230 LOCATION	0 9 0 4 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23o. E	URIAL CREMATION, REMOVA	L 23b. DATE 33c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP					1 /1 /1	A TOUTOR TOWN	F. DA COUNTY SIAI

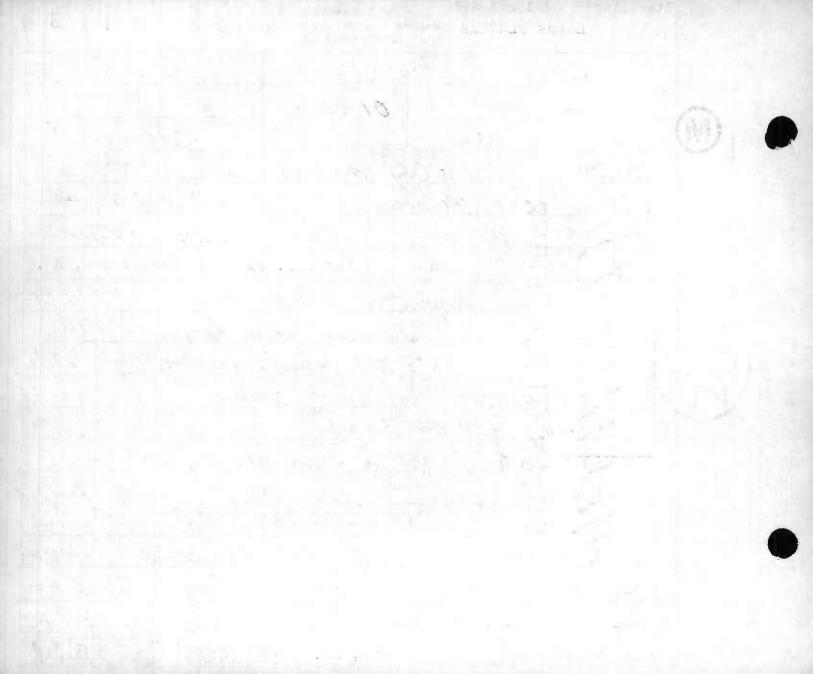


2+1	3	1-	FOR STATE REGISTRAR	DEF	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0 4 1	5 1
	. m=		EASED NAME FIRST OR PRINT)	WIDDLE		AST	20 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
	nay be page 3		EMERY	Ε.	1 40 1 1	GLEY	FEBRUARY 23.	1983	10:10AM
	4 mo	3. SEX	THE RESERVE OF THE PARTY OF THE	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAY	
	0 45		Male	White	Sep	t 6°1915°	67	YRS.	
	1 2 800		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR C		
	重成の	M	1. Virginia	U.S.A.	WIDOW		Baltimore		MD.
10	s offi		Saltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Church Ho	STREET ADDRESS)		120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Retired -	ORKING LIFE) INDUSTR	Containe
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2 c e 2	USUA	L RESIDENCE IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
N N	24 ho		vland	Balti		YES W NO	2429 Fait	Ave. 2	1224
YLA	tely 2 sh iner		THER'S NAME		IIIOI C	15 MOTHER'S MAIDEN NA	AME		LAST
AAR	y be and a second		Havden	Pingle	277	Bernice	WIDDLE		nett
RE, I	col se lo	16a V	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS		
WO	Page	Ye		NE WAR OR DATES) 3-52 233-0	3-7037	Kathleen	Inglev Sam	ne as #1	3
ALTI	d io 3		18 CAUSE OF DEATH (Enter or						OXIMATE INTERVAL EN ONSET AND DEATH
T., 8	physic npape mayol, to		DADT I DEATH MACCALICE	ED BY: TE CAUSE (a) RECURR		RICHLAR TACHY	CARDIA		AYS
N Z	h cert ding arba ar re		4700	DUE TO, OR AS A CON					
STO	death aften atian, fraumo		Conditions, if any, which			IC CARDIOVASO	ULAR DISEASE.	YE	ARS
8	the o		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON					
3	by by ore		underlying cause last.			RT FAILURE		2 2 3 4	
, 20	aned n ple		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART	1(0
RDS	The right	CERTIFICATION	DIABETES MELL	ITUS, UNCONTR	OLLED AN	D CEREBROVASO	CULAR ACCIDENT		
8	beer mit.	CAT	19a DATE OF OPERATION	196 CONDITION FOR V			200 AUTOPSY? 20	b. IF YES, WERE FINE CERTIFYING CAUS	DINGS USED
AL R	The la ician. The la ician. The la standard shaws	TIE					YES NO NO	YES 🗌	NO 🗌
VII	physicio physicio rifficate al-transit tal Hygie m 18 sho	Ü	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	0
P.	SICIAN: ng physicertification of the sentence	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19			May -	1500 D
O N	× = × = × = 1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, O	DEFICE FARM FIC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
N/S	affence affect this safe the hand inked o	>	AT WORK NOT WHILE						
-	ADIN R: Al		220.1 certify that (1) this hosp	attanded the deceased	from FEBRUA	RY 16 19 83	10 FERKNAKA	23, 19 83	_, that (I (we) ast
	R ATTEI haspita RECTOI ed for pt. of h		saw the deceased alive or above, (1) we (did) did no	FEBRUARY 23	19830	nd that in (my (our) opinion	death occurred on the date	and hour and from t	he causes stated
	E	20	226. SIGNATURE	00.		DEGREE	UFD:01: 07.55	22c. DA	TE SIGNED
	, and () and (1)	11	A-1-	1 azen	in.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1	23/83
	HOSPITAL need by the FUNERAL vid be det othe State		22d. PHYSICIAN'S NAME TYPE	OR PRINT)		27e ADDRESS CHU	JRCH HOSPITAL	CORP.	
	- D - D - D		NAZEMI. A. E			100 N. BROA	ADWAY, BALTIMO	DRE. MD.	21231
	5 to 5 to \$ \$	23a. B	URIAL CREMATION REMOVAL			EMETERY OR CREMATORY	23d LOCATION		STATE
	BP	L'	SPECIFY)Burial	2/25/83	Brick	Church Cem.			
	DHMH - 16 50M 4/82	24 FL	INERAL DIRECTOR BAI	rnes . ADI	DRESS 21	018 250 DA	TE REC'D BY REGISTRAR 25	EGISTRAR'S SIGN	ANURE
	(VRA 15, 4)	F	leming Fune	ral Service	Benso	018 n. Md.	D TO BOY	- may	- Sharen

. D. Core Targett and Core Targett and Core







1/	1,	FOR STATE		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 3	0	4	5 5
4		AELIOED LIVELLE	FIRST	MIODLE		AST OF DEATH	REG. N	O. MONTH DAY	YEAR 2h	HOUR
poge 3				arren	Pol	lard		02-06	02 1	255 M
a a	3. SE	male	Blan	cK	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS IF U	NDER I YEAR IF U	INDER 24 HRS URS MIN.
MV175	-	RTHPLACE (STATE OR FOR COUNTRY) ennsylavar		OF WHAT COUNTR	Y? 8 MARRIE WIDOWE	NEVER MARRIED		MOTE (DEATH	MD
1/2	10 5	altimore	(IF NOT II	OF HOSPITAL, NURS		DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Engineer	ION DE WORKING LIFE	26 KIND OF BUINDUSTRY Hopkin	SINESS OR
Killed in Bould be	13a.	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITUTE COUNTY	TION GIVE RESIDENCE BEF	ORE AOMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	loway	Ave, Bal	212 C
mpletely and 2 st		William		Pollard		15. MOTHER'S MAIDEN N		0	? (AST	3
on ond co	16a \	VAS DECEASED EVER IN	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE	51	7-9375	Dorothy P	ollard-360		away A	21215 ve
the death certificate by the attending physicis se remove corbonpaper cremation, or removal.		Conditions, if ony, w gave rise to immed cause (a), stating	MEDIATE CAUSE (a DUE TO hich (b	O, OR AS A CONSEG	ouence of ere	copp	t		APPROXIMATE BET WEEN ONSET	INTERVAL AND DEATH
been signed rmit. Then plee prior to buriol ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIF	11/2			NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES, WI	N PART 1(0) ERE FINDINGS (G CAUSES OF E	USED DEATH?
SICIAN: The Ing physicion. certificate hos riol-transit per ental Hygiene trem 18 shows		21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR	E OF INJURY A.M. MONTH		21c. HOW INJURY OCCU	YES NO	YES] N	0
DING PHYSICIA or attending ph After this certifi e os the buriol-tr olth and Mental marked ar Item 1	MEDICAL	21d INJURY OCCURRED	21e PLA	CE OF INJURY	E, FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TOR: Or us or us of He		220.1 certify that (1) (the saw the deceased abave (1) we) (did)		2-6 19	83. or	d that in (m) (our) opinion	to 3-6-	, 19_ ate and have and	from the cause	(I) we last
Spiral Ok at d by the hosp be detached be detached be Store Dept. TANT. If them?		Buch	malhe	ino		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		226. DATE SIGN	-83
TO HOSPITAL retained by th TO FUNERAL should be deter with the Store		Brian	Mulk			Singi /	fospital, 1	nd.		
BP	23a E	URIAL, CREMATION, REA	2/9	/83 A	rbutu	s Mem. Par	Raltimo	re Co	™Maryl	and
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	NERAL DIRECTOR	11.	5-3 03 S	of in	ata do FE	B 7 983	25 FEGISTRAR	S SIGNATURE	uf

EXAMPLE TO BE - brailed mideral performance in AND THE PARTY OF STREET AND ADDRESS OF THE PARTY OF THE P HET THE TON SELL AND MAKEN AND SOFT THEY THE THE

and the state of t · 01 1 Large Landon Serve ZD45 x. days the DD. description in the contract of

6	1.	FOR STATE REGISTRAR		DEPART		EALTH AND M			3	0 4 1	5/
	1. DE	CEASED NAME FIRST	MIC	DDLE	- 1	AST		2a. DATE OF DE	EG. NO.	OAY YEAR	2b. HOUR
e f		OR PRINT) EDITH	ı r	ULLA	POT	LHEIN			2	12 83	748 P.
page 3 r death	3. SE		4. RACE	OLLLA	5. DATE C			6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
Es.	3. 02	Female	White		MONTE		"93	89	YR	MONTHS DAYS	HOURS MIN.
MIL		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WI	HAT COUNTRY?	8.			9. BALTIMORE			
3,49	P	ennsylvania	U.S.A		MARRIE	NEVER MA	ARRIED .	Ral	+1 m -	C. Kis	MD.
Individed I		ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	IG HOME C			120. USUAL OCC			OF BUSINESS OR
初3		altimore	S. Balti	more Gei	neral	Hospita	1	Housev		G LIFE) INDUSTRY	
should be for	13a.	STATE "IUI COUN	TY YTM			136. INSIDE CITY LIMITS?		13e STREET ADD			
Jan E		ryland Balti	more	Lansdow	ne	-	NO 🔀		mmonds	Ferry R	oad 2122
	14. F/	ATHER'S NAME	WIOOFE	LAST		15. MOTHER'S	MAIDEN NAM		DDIE	LAS	ST
103C		Frank		Nein	S		ude			_	ens
medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? I	66. SOCIAL SECL	PRITY NO.	17 INFORMAN	IT	A. TAIL	ADDRESS		
The med	,	NO	E WAR OR OATES	214-12-	0765	Marian	Bell	2515 Ha	mmonds	Ferry Ro	
moval.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly ane cause per lie	ne far (a), (b), ar	d ici.i	0				BETWEEN	MATE INTERVAL ONSET AND DEATH
ven			D BY: TE CAUSE (a)	Cenh	<i>y</i> 1	lased.	- 0	10cm			
notice		4379	1976	AS A CONSEOU	FNCF OF			n			
traumatic		Canditions, if any, which	((b)	Achos	V. CL	- Vas	حلاء	سلا			
ar fre		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQU	ENCE OF			EGAL (197			
f, crem other	1/1	underlying cause last.	(c)_	-5 A CONSEGO	LINCE OF						
to burio injury, ar	7	PART 2 OTHER SIGNIFICANT		TRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OF	CONDITION	GIVEN IN PART 1	o l
ne prior to	CERTIFICATION	190 DATE OF OPERATION	Ties CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY	? 20b. IF	YES, WERE FINDIE	NGS USED
	IFIC,	DAIL OF GENATION	170. 60.15111	orrior vine	O E E E E E					RTIFYING CAUSES	
Hygiene 18 shows	ERT	210. ACCIDENT WAS UNDERLYING	7 216, TIME OF	INJURY		I 21c HOW IN II	URY OCCURR		-	15 PART 1 OR PART 2)	140
		OR CONTRIBUTING CAUSE OF DE		MONTH D				ED (EMIEN MAIONE	O/ 11-70K/ 11-11-E	, , , , , , , , , , , , , , , , , , , ,	
Mental Hygie or Item 18 sho	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M.		19	211 LOCATION	V		-		
	ME	WHILE NOT WHILE		T, FACTORY, OFFICE	FARM, ETC)	STREET		CI	TY OR TOWN	COUNTY	STATE
morked		220.1 certify that (1) (this hasp	talk attended the	deceased fram	1/3	29	19 33	ta2_	112	19 85	that (I) (we) last
21 is		saw the deceased alive an abave (i) (we) (did) (did no	position 1		8] . ar	nd that in (my) (aur) opinian o	leath accurred ar	the date and	haur and fram the	
Hem.		The Signature	it) view the body of	ter death.		DEGREE		-		Mr. DATE	SIGNED
± =		7/ (3 (A 40		AT	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF	/ 21	12/10
D LO T III		224. PHYSICIAN'S NAME (TYPE	PRINT)	<u>Cta 110</u>	71.76	220 ADDRESS		J DINECTOR	Modelar		100/0
with the State		Harry E	Luncle	2		S. Bal	timore	General	Hospi	tal	1
3 3 4	23a.	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CE		236. LOCATIO	N		
		(SPECIFY) Burial	2/17/8	3 L	oudon	Park Ce	metery	Baltir	nore	COUNTY	Maryland
OM 4/82		UNERAL DIRECTOR	6.110			229				GISTRAR'S SIGNA	TURE
um 4/82	Hu	bbard Funeral l	Home, Inc	. 4107	Wilker	ns Ave.	FE	B 1 6 198	33 10	and (shelf

The state of the same of the state of the same of the (an) mail free interest of adults 1 1 1 Indicated a second of the seco House of Smith of the State of

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR I. DECEASED NAME MIDDLE 20. DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI-Robert Pompey DEATH MATED Lee 1983 IF UNDER 1 YR. 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) MONTHS 1:15 PRONOUNCED DEAD Male 52 1983 Black 8 6 30 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH M'BIRTHPLACE MARRIED NEVER MARRIED JRS AFTER DEATH. IF ANY DELAY IS NECES. B. GIVE PAGES. 1, 2, AND 3 TO THE FUNER. WITH FORM. PM. 3. RETAIN PAGE 5. FOH. T. PAGES. I AND 2. SHOULD BE FILED, WITH DIVISION OF WITH PECCRDS, 201 W., PRE FOREIGN COUNTRY! USA WIDOWED DIVORCED Baltimore City MD IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFET Baltimore University Hospital - STU USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MD 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 21201 1315 Presstman St. 21217 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mae MIDDLE Minnie Jones Smith Eugene Lee 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Minnie Mae Smith 2820 W. Lanvale S N/A No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1IEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of Chest (Handgun) IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURXAXMX MONTH DAY UNDERLYING XXOR YEAR 2.21P.M 5 19 83 subject was shot CONTRIBUTING CAUSE OF DEATH 11. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE ? AT WORK AT WORK Autapsy XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Inquiry Hamicide XX Undetermined manner death resulted from Natural causes TITLE (SPECIFY) Assistant 2-6-83 EXAMINER'S NAME F. Smyth, M.D. III Penn Street Dennis 23d. LOCATION 236 BURIAL CREMATION REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 2/14/83 Baltimore Eastview Mem. Park BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 1101 Wm. C. March F/H E. North Ave. (VR A15 ME (5)

20M 4/82

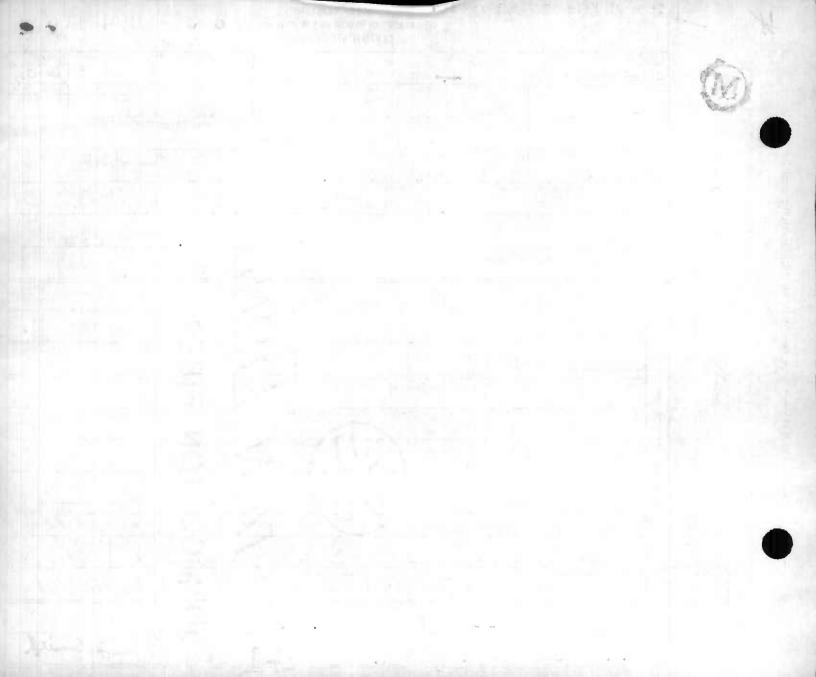
7	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0	4	5 4
	I DE	CEASED NAME FIRST		WIGOLE	-	AST		MONTH DAY	YEAR 26	HOUR
poge 3	(TYPE	(CORPRINT)	SA 1	नम	P	TOLE		02 2	183	1220
b d	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT			UNGER 24 HRS
rs of		FEMALE	BLACE	ζ	MONTH 11	12 1900	82	YRS	THS DAYS HO	DURS
8, 10		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	B AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
879	1 .	FEORGTA	USA		WIDOWE		BATIMO	MF CIT	1	MD
39	B	ALTIMORE	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET DENT HOS	AGGRESS}	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	WORKING LIFE	126. KIND OF BUINDUSTRY	
filled in ould be	130. 3	AL RESIDENCE (IF NURSING HOME STATE 136 CO		136. CITY OR TOW BALTIM	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2606 Keyv	worth .	2/2 Avenue	215
2 sh		ATHER'S NAME	WIODTE	1457	Jan 1911	15. MOTHER'S MAIDEN NA	ME	-		
on ple		JOSEPH	WIDDIE	LAWRENC	E	ANNIE	LIZZII		JACKS	ON
Poges medica	(NAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	255-42		17 INFORMANT 7D Eliza Fu	2906 lwood-Bal	Sulg:	raye A 2121	ye.
the of		18 CAUSE OF DEATH (Enter	anly one couse pe				Δ -		APPROXIMATE BETWEEN ONSE	T AND DEATH
vent		PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (a)	CARDI	OFU	LMUNARY	ARRE	57		11115
arba ar re afric e		1541	DUE TO, C	OR AS A CONSEQUE	NCE OF	6.6	1 = = = =	6		
nove carb nove carb otion, ar troumotic	.74	Canditians, if any, which	(16)	CARA	Nom	A-70875, A	EMPLON	MUMM	A	
emo mot rrtro		gave rise to immediate couse (a), stating the	DUE 10.0	R AS A CONSEQUE	NCEOF		04 7H 11	diem	1	
by the ose rer I, crem other		underlying cause lost	100010,0	JR AS A CONSEGUE	NCEOF		1 11/2 /22	- 0111		
signed hen plec a burial jury, ar	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN	IN PART 1(0)	
prior t	CERTIFICATION	19g DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120b. IF YES. W	ERE FINDINGS	USED
5 0 0 0	F							IN CERTIFYIN	G CAUSES OF	DEATH?
2 0 5	ERI	210. ACCIDENT WAS UNDERLYING	216. TIME (OF INJURY		21c. HOW INJURY OCCUR	YES NO			
riol-tron ental Hy tem 18		OR CONTRIBUTING _ CAUSE OF	DEATH HOUR A	M. MONTH DA						
Mental Amental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		.M. OF INJURY	19	211 LOCATION				
the ond ked	ME	WHILE AT WORK AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC.]	STREET	CITY OR TOW	'N	COUNTY	STATE
		220.1 certify that (1) (this ha	spital) attended ti	he deceased fram_		1-28 1983	, to 02/	25 19	& 3, that	(I) (we) last
for to for the set H		saw the deceased alive above, (1) (we) (did) (did	on 02/2	19 8	3 . or	d that in (my) (aur) apinion	death occurred an the do	ote and hour on	d from the cous	ses stated
		226. SIGNATURE) /	offer death.		DEGREE			22c. DATE SIG	NED 1
tat DIRE detached ote Dept. VT: If Item		F. H	- 1		n	ATTENDING PHYSICIAN [MEDICAL STAF		07/2	C/C2
0 0 5		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			228. ADDRESS	_ DIRECTOR FITTSIC	IAIVEA	042	10/
should be det with the Stote		EMEK,	4 T) Ktk	E	2600 L	1BERTY	1+15,1	SALTIANO	XE
F # 3 ₹	23o. E	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION	COU	INTY	STATE
	I	SURIAL	3/3/	/83 MD	. NA	T'L MEM BAR		EORGI	CO.	MD
6 50M 7/77		UNERAL DIRECTOR	10000	ADDRESS	0.71		AREO DEBY REGISTRAN	A COSTA	RS ESSENCE	el
15 (4))	T	THE HAT TO IN	dammin .		m C()IA					3/

at the last of the Dugger Afrowest 608ST 100 W Washington Avenue . of the search In. to state of the last transfer to the last transfer transfer to the last transfer transfer to the last transfer tr THE RESIDENCE OF THE PARTY OF THE PARTY.

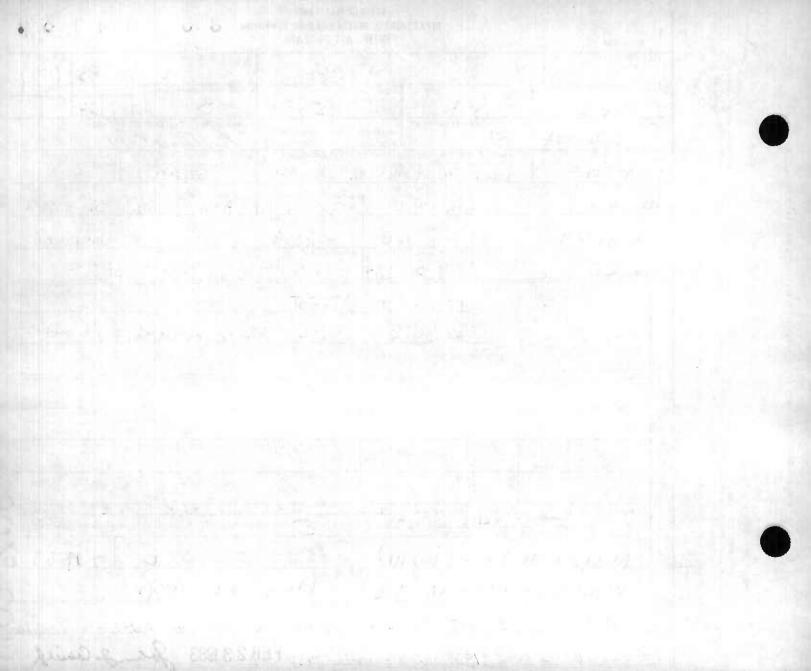
1721 N. MONROE ST.

(VR A 15 (4))

PHILLIPS



		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 6
	1.	STATE REGISTRAR	CERTIFICATE OF DEATH
TT.		CEASED NAME FIRST	MIDDLE PRICE. 20. DATE OF DEATH MONTH DAY YEAR 26 HO
	3. SE	×	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR I YEAR I YEA
96	70. B	IRTHPLACE (STATE OR FOREIGN	DUACK 4 25 1904 TO YRS. 9 24
16 33		VIRGINIA	MARRIED NEVER MARRIED HORCED HAT HOLE CITY
38	700	AUTIMOLE.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIVERSITY OF MARY LAND HOSDITAM 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LETTED.
ould but the state of the state		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	ROTHER INSTITUTION, GIVE RESDENCE BEFORE ADMISSION) NTY 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS 130. S
ond 2 sh		ATHER'S NAME FIRST	MIDDLE PRICE TOSA MIDDLE UNKNOWN
dicol d		MAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
0 %	=	ANKHOMY, NO	VEWARORDATES) 219-01-6719 GLORIA Rhodes 3206 BRIGHT ST.
anpape emavol.		PART I. DEATH WAS CAUSE	
		15/9 IMMEDIA	DUE TO OR AS A CONSEQUENCE OF
nave corb nave corb lotian, ar r fraumotic		Conditions, if any, which gave rise to immediate	(16) METASTATIC GASTRIC ADGNO CARCINOMA. /6 MAS
se rei crem sther		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF
signed to hen plea to buriol, njury, or a	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USE
nsit per rgiene shaws	RTIFI		YES NO YES NO
burial-transit Mental Hygie or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	
his certif burial-t d Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE OF INJURY 21f. LOCATION
After the e as the alth and marked	W.	AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY
00 0		27s I certify that Chis hasp	tall ahended the deceased from 2/2 19.83 , to 7/18 19.82, that (I)
2 0 0			19 83, and that in (my) opinion death accurred on the date and hour and from the causes st
NERAL DIREC be detached e State Dept. TANT: If Hem		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 220. DATE SIGNED
FUNERAL old be det the State		220 PHYSICIAN'S NAME STYPE O	PHYSICIAN DIRECTOR PHYSICIAN 7-0-0
shauld be de with the Stat.		WILFORT	> FOXWELL TR UNIV Md HOSD
54 3 ₹	23a. f	BURIAL, CREMATION, REMOVAL	CITY OR TOWAL
		burial	2/26/83 Arbutus Memorial Park Arbutus Baltimore Ma
	24.5	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR MONTH (TYPE OR PRINT) PRICE LSEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 2 2 グクラ ATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED EAUER JAM ALTIMORE WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION DOW FRANKLIN OT LABOREN IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 30. STATE 13b COUNTY STREET ADDRESS FRANK 41N ST CCITY OR TOWN 13d INSIDE CITY LIMITS? LYIMONE YES Y NO F A FATHER'S NAME 15. MOTHER'S MAIDEN NAME 21223 ANNOS MIDDLE AZWELL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO LZ-INFORMANT LIF YES, GIVE WAR OR DATES . CE 1600 ed FRANK WIN ST 6-10-1191 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY

Libertogis Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION

MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	57
	220.1 certify that (I) (this hospital)	ottended the deceased fram	. 19	, to		_, 19	that (I) (w
	sow the deceased olive on above, (1) (we) (did) (did not) v	iew the body after death	and that in (my) (aur) opin	ian deoth accur	red an the date and I	hour and from the	couses sta
	22b. SIGNATURE	· D 1	DEGREE			22c. D. TE	SIGNED

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

19

1/24/83 ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22e. ADDRESS

21b. TIME OF INJURY

P.M.

HOUR A.M. MONTH DAY

21207_

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO I

e) last

YES [

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NOT

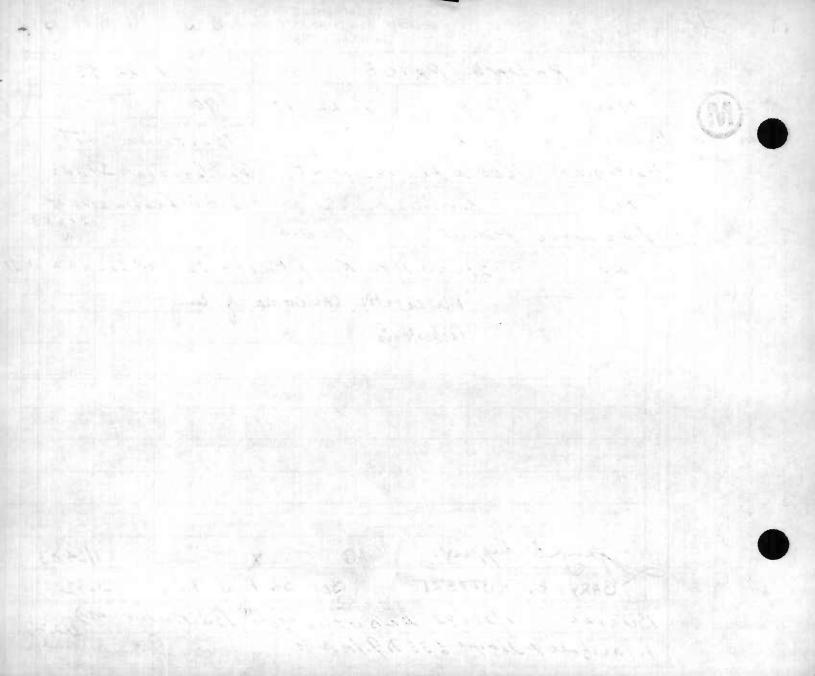
9a. DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

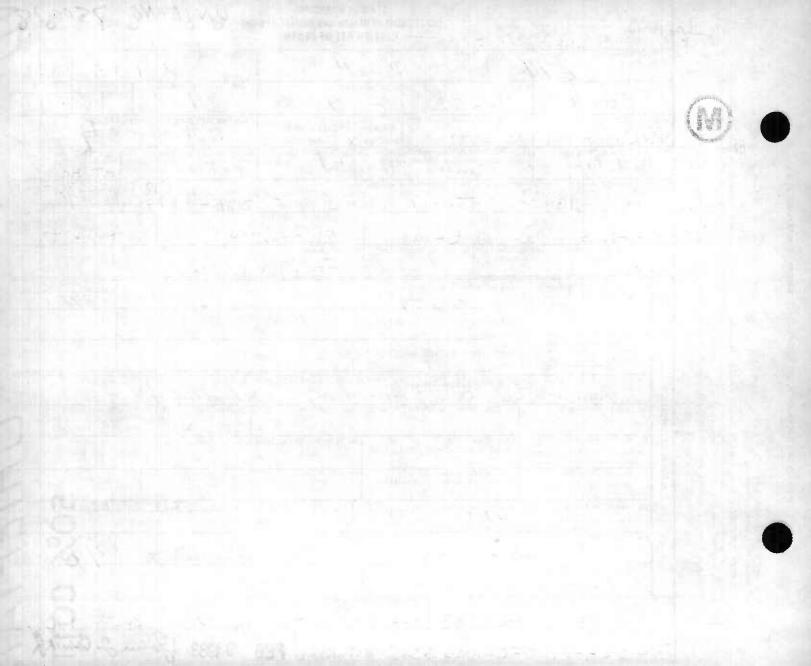
OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

DHMH - 16 50M 1/81 (VRA 15, 4)



on ond completely filled in by the Takes and page 3 3. Pages 1 and 2 should be filled — than the filled — than the filled — than the filled — than the filled — than the filled in the filled page in the filled in	3. SEX 70. BIR CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	HER'S NAME FIRST AS DECEASED EVER IN U.S.	11. NAME OF IF NOT IN STATUTION OUNTY MIDDLE MIDDLE	DN. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN LAST LAST	WIDOWED G HOME OR ADDRESS) ADMISSION	BIRTH DEVER MARRIED DIVORCED OTHER INSTITUTION JAINSIDE CITY LIMITS2 YES NO MOTHER'S MAIDEN N.	120. USUAL OCCUPATIVE OF WORKEDS MOST	YRS. OR COUNTY OR WORKING LH	126. KINDO	IF UNDER THE MOURS
on and completely filled in by the trimes of an ord should be filed introduced symmetric properties of a completely filled in by the trimes of a completely filled introduced symmetric properties of a completely filled introduced symmetric properties of a completely filled into the completel	70. BIR CO 10. CIT 130. ST 14. FAT	THPLACE (STATE OR FOREIGN UNIRY) Y OR TOWN OF DEATH L RESIDENCE (IF NURS HOW ATE LCC HER'S NAME FIRST AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YES	7% CITIZEN O 11. NAME OF OTHER INSTITUTION OUNTY MIDDLE ARMED FORCES?	F HOSPITAL, NURSIN SUCH FACIETY, GIVE STREET ON, GIVE RESIDENCE BEFORE 113C. CITY OR TOWN 1. CAST LAST	5. DATE OF MONTH MARRIED WIDOWED G HOME OR ADDRESSION OF NOTE OF NO	BIRTH NEVER MARRIED DIVORCED OTHER INSTITUTION 34. INSIDE CITY LIMITS2 YES NO 55. MOTHER'S MAIDEN N.	9. BALTIMORE CITY Balt 120. USUAL OCCUPA (TYPE OF WORKEDS MOST 130. STREET ADDRESS 21093 29	YRS. OR COUNTY OR WORKING LH	Y OF DEATH C. Try 126. KIND O FEI INDUSTRY	IF UNDER SEMENTS
ate be executed within 24 haurs after death. Page 4 sicion and campletely filled in by the pers. Pages 1 and 2 should be filed with a filed in the medical examiner must be notified a	USUA 13a. ST	THPLACE (STATE OR FOREIGN UNIRY) Y OR TOWN OF DEATH L RESIDENCE (IF NURS HOW ATE LCC HER'S NAME FIRST AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YES	ME OR OTHER INSTITUTION OUNTY ALTO ARMED FORCES?	F HOSPITAL, NURSIN SUCH FACIETY, GIVE STREET ON, GIVE RESIDENCE BEFORE 113C. CITY OR TOWN 1. CAST LAST	MARRIED WIDOWED G HOME OR ADDRESS)	NEVER MARRIED DIVORCED DOTHER INSTITUTION 34. INSIDE CITY LIMITS YES NO DIVORCED DIVORCED 5. MOTHER'S MAIDEN N.	Balt (170 USUAL OCCUPA) (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST) (170 E OF	OR COUNTY	Y OF DEATH C. Ly 12b. KIND O FE) INDUSTRY	F BUSINES
be executed within 24 hours after on and campletely filled in by the 's. Pages 1 and 2 should be filed emedical examiner must be notified.	USUA 13a. ST	Y OR TOWN OF DEATH ARESIDENCE (# NURS HOW ATE CO.) HER'S NAME FIRST HER'S NAME AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (# YES	ME OR OTHER INSTITUTION OUNTY ALTO ARMED FORCES?	F HOSPITAL, NURSIN SUCH FACIETY, GIVE STREET ON, GIVE RESIDENCE BEFORE 113C. CITY OR TOWN 1. CAST LAST	WIDOWED G HOME OR ADDRESS) ADMISSION	DIVORCED OTHER INSTITUTION OTHER INSTITUTION 34. INSIDE CITY LIMITS YES NO 5. MOTHER'S MAIDEN N.	Balt (170 USUAL OCCUPA) (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST (170 E OF WORKEDE MOST) (170 E OF	TION PF WORKING LH	126. KIND O INDUSTRY	tons
be executed within 24 hours after an and campletely filled in by the 's-Pages 1 and 2 should be filed emedical examiner must be notified.	10. CIT USUA 13a. ST 14. FAT	Y OR TOWN OF DEATH SOLVE COMMENT I. RESIDENCE (# NURS HOW ATE ACC ACC HER'S NAME FIRST AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (# YES	ME OR OTHER INSTITUTION OUNTY MIDDLE ARMED FORCES?	DN. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN LAST LAST	G HOME OR ADDRESS) ADMISSION	3d. INSIDE CITY LIMITS 2 YES NO STEEL N	120. USUAL OCCUPATION OF THE PROPERTY OF THE P	FION OF WORKING LH	126. KIND O FE) INDUSTRY	lons
be executed within 24 hours offer on and completely filled in by the stronges 1 and 2 should be filled e medical examiner must be notified.	USUA 13a. S1 14. FA1	RESIDENCE (# NURS HOW ATE CO. C. C. C. C. C. C. C. C. C. C. C. C. C.	ME OR OTHER INSTITUTION OUNTY MIDDLE ARMED FORCES?	DN. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN LAST LAST	ADDRESSION ADMISSION	3d. INSIDE CITY LIMITS? YES NO 5. MOTHER'S MAIDEN N.	130 STREET ADDRESS 21093	PF WORKING LH	FEI INDUSTRY	Tons
be executed within 24 hau on and campletely filled in 5. Pages 1 and 2 shauld be e medical examiner must be	13a. S1 14. FA1 16a. W.	HER'S NAME FIRST AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YES	MIDDLE	13C CITY OR TOWN	m	YES NO DE S. MOTHER'S MAIDEN N.	21093-39	178 Pe	LIN DZ	RR
be executed within on and completely is. Pages I and 2 sh e medical examiner	14. FAT	HER'S NAME FIRST AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (1F YES	MIDDLE ARMED FORCES?	DAVIS		S. MOTHER'S MAIDEN NA		39 14	hhust	
on and camplete	16a. W.	FIRST AS DECEASED EVER IN U.S. S, NO OR UNKNOWN) (1F YES	ARMED FORCES?	DAVIS			AME		- 4	Hue
on ond con ond con emedical	(YE	S NO OR UNKNOWN) (IF YES		DAVIS		FIRST	MIDDLE		O LAST	
و نبرة ف	(YE	S NO OR UNKNOWN) (IF YES			PITY NO	17. INFORMANT	ADDE	PESS	Puck	IT3
و نبرة ف		10		100. SOCIAL SECO	KIII NO.		1 RECORD			
to post						1 10 117	1 USCOKD	2	APPROXI	AA ATE INITER
200 5		PART I. DEATH WAS CAL	ir anly ane cause po USED BY:	er line far (a), (b), and	PSIS					MATE INTERV
a phy anpa emav		40%	DIATE CAUSE (0)_	· se	6.5				24	hus
		0291	DUE TO	OR AS A CONSEQUE	NICE OF					
		Candidan II and II a		OK AS A CONSEQUE	IACE OF					
d by the atter lease remave, ial, cremation or ather traum		Conditions, if any, which gove rise to immediate								
the em		couse (a), stating the	DUFTO	OR AS A CONSEQUE	NCE OF					
d by al, cr r ath	- 1	underlying couse last.	.							
	H		(c)							
Then provided injury,		PART 2. OTHER SIGNIFICAN	VI CONDITIONS	CONTRIBUTING TO D	DEATH BUTN	OT RELATED TO THE TER	MINAL DISEASE OR COM	ADITION GIV	EN IN PART 110	1
Then signate b	Ē [Vancot	earlic	Ca,	Hned	nia,	Selighter	1641		
s beer prior.	S I	90. DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
K appa a	CERTIFICATION						YES T NO TO		FYING CAUSES	OF DEATH
physicion. Tificate has I-transit pe of Hygiene n 18 shaws	8	10. ACCIDENT WAS UNDERLYING	235 7145	OF INJURY		11. HOW INTURY OCCU				140
ng physicing certificate rial-transit tem 18 sh	-	OR CONTRIBUTING CAUSE OF			Y YEAR	21c. HOW INJURY OCCUI	KKED (ENTER NATURE OF INJ	URY IN ITEM 18 F	PART 1 OR PART 2)	
en de la la la la la la la la la la la la la	3	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19					
piral or offending prior of offending prior of the priorical for use as the buriorical of Health and Mental of Health and Mental 21 is marked or frem	MEDICAL	INJURY OCCURRED		E OF INJURY		211 LOCATION				
er this and w	¥ I		(AT HOME, S	STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR T	OWN	COUNTY	51
After the as the sith and narked		AT WORK AT WORK								
od or o DR: Afte ruse as Health I is mark		228.1 certify that (1) This ha	ospital) attended	the deceased from_	11	3/ 19 8	3 . 10		19 63	that (h (w
T T T S S S S S S S S S S S S S S S S S		saw the deceased alive	2/7	185 10	13 and	that in (my) (aur) apinior	death accurred on the	dale and has		
ok Allen DIRECTOR Director Dept. of He frem 21 is		abave, (I) (we) (did) (dia	d not) view the bed	ly after death.			Total occorred on the	- and not		
Se de de de de de de de de de de de de de		226. SIGNATURE	7		DE	GREE			22c. DATE	SIGNED
y the hory the hory the hory the hory the horse detached oute Dept.		>- (illimen	n-a-		ATTENDING PHYSICIAN	MEDICAL STA	AFF	2//	122
FUNERAL DIRECTOR AND A STATE OF THE PROPERTY OF THE STATE	l l	224 PHYSICIAN'S NAME (VOE OR BRINITY			22e. ADDRESS	DIKECTOR PHIS	CIANAJ	1//	4)
FUNE build be the the S		THE SICIAL STRAME I	/ 3			//				
recoined by the host of the Country		Edward	I LIU	nmerm		Sina It	180			
Short Short	230 01	IRIAL, CREMATION, REMOV	VAL 23b. DATE	122. 4	IAME OF CE	METERY OR CREMATORY	23d LOCATION			
	150. 00	PECIFY)		15.4 - 0	-AME OF CE	OF _	CITY OR TOWN	-	COUNTY	51/
BP		Burlan	FEB.3	183 66	ARDE (S FAITH	2352X	R	ALTO.	170:
	24. FUI	VERAL DIRECTOR		1		25a. DA	TE REC'D. BY REGISTRA	R 251. TEGIST	RAR'S SIGNAL	URE 9
WH - 16 50M 4/82 (VRA 15, 4)	C. A	NAME CILOCAL	1 0 = 0	ADDRESS	1 (120	K ROAD FE	B 9 1983	John	who la	will



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Char. A. Rice FSPA 1300 Eutaw Place

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

mil spilets. distance Towns and the state of the state fine the second 246-2-5359 were a. Loungy 1998 ariowalds ave (*p) _cut value to property of priling 1) / cuty this . but agree . out mender . ps. gt/gt/c

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

281983

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



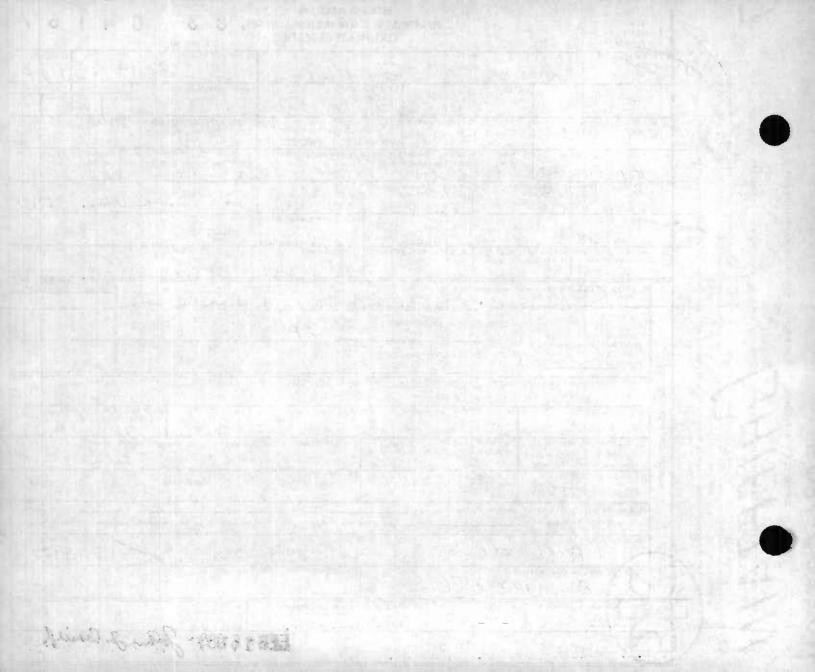
E C 1 III C Salara and a salara

August 1 and 2 and 2 and 3 and

d			ems #18a-22 FOR STATE	a Film(D	EPARTME	NT OF HEALTH			0. 0	0	4	16	6
		1.0	REGISTRAR	FIRST	MED	MIDDLE	AMINER'S	LERTIFICAT			REG. NO.			
		TYP	CEASED NAME		1-					OF ES	11-	ONTH DAY		2b. HOUR
SAS.	FEER	3. SEX	T4 RACE	ancy	ATE OF BIRTH	llen	GE (IN YEARS IF UI	Purvis	NDER 24 HRS	DEATH MA		2 19 DNTH DAY		2d HOUR
6.	STEEL STEEL	1.36	1 / 2)	, I WO	ONTH DAY	YEAR L	AST BIRTHDAY) MONT			PRONOUNCED		0 10		12:15
+3	100	70 BI	RTHPLACE (STATE OR		ILLO 7- 1	910 AT COUNTRY	72 YRS.	50		9. BALTIMORE	CITY OR C	2 19 OUNTY OF	DEATH	D W
2,3	到	FO	Dirainia	, /	71.5 6	1	WIDOV	VED NEVER	WORCED	Baltin	oro C	itv.		MD
2	世界日	10 CI	Y OR TOWN OF DEATH	/11.1	NAME OF HOSP	ITAL, NURSIN	IG HOME, OR OTH		1 12e. USU	AL OCCUPATION	ON (TYPE OF V	WORK 12b. K	IND OF BUS	SINESS
DELAY.	PAGE PAGE	116114	Baltimore			rsity H	Hospital		57		eope		ik iidddalk	
21201 ANY [S S S S S S S S S S S S S S S S S S S	il3e S	L RESIDENCE (IF IN NURSIN TATE 13		10	13a. CITY OR		13d. INSIDE CITY LIA YES	OX 13e. STRE	ET ADDRESS	Box	19		
₹ I	AGES 1, 2, A RM PM 3. R RAND 2 SH OFWITALR	14. FA	THER'S NAME	O MID	DIE	ŁAST		15. MOTHER'S	MAIDEN NAME	MIDDLE			LAST	- 1
DEAT	OF N P		John		reh			120	cura			ryde	24	
BALTIMORE,	2008 Z		(AS DECEASED EVER IN	U.S. ARMED I			SECURITY NO. 0- 230H	Bobby	Purvis	RPL	DDRESS WCh	419 urch	R. 2:	3415
: 5	WITH WITH DAG		18 CAUSE OF DEATH	Enter only one								BET	APPROXIMATE	INTERVAL AND DEATH
PRESTON ST	ITEM I LONG PERM GIENE	- 3		MEDIATE CA	032 (0)		cerebral	trauma	with co	mplicat	ion		-	
ESTC N 2	SITE	L.T	Conditions, if any	ushinh	DUE TO, OR	AS A CONSEC	DUENCE OF							
AT HE	RAN		gave rise to im	mediate	(b)									
201 W.	"PENDING" IN PENCIL IN ITEM EF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERF HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL.		lying cause last.	e <u>under</u> -	DUE TO, OR	AS A CONSEC	DUENCE OF							
10 D	AATION AND AND AND AND AND AND AND AND AND AN		PART 2 OTHER SIGNIFICANT C	DNOITIONS CONTR	BUTING TO DEATH R	UT NOT RELATED 1	O THE TERMINAL OISEA	SE OR CONDITION GIVE	N IN PART 1 to					
ECO BE	PENDING" MEDICAL AS A BUIL CREMATI	CERTIFICATION									AT USE			
AL R	SED SED	CAI	190. DATE OF OPERATI	ON	196 CONDIT	ION FOR WHI	CH OPERATION V	VAS PERFORMED	?			20	AUTOPSY?	
VIT.	WORD ENTOR	RTIF	210 EXTERNAL CAUSE	WAS	216. TIME OF	INITIDV	Tale M	OW INJURY OCC	CHIDDED (SAUSON)	ATHER OF MINE	LITERA DE BART	1 00 0407 31	YES X	но 🗆
NO A	A THE SECTION AND THE SECTION	11 00	UNDERLYING OR	1	HOUR A.M.	MONTH DA	Y YEAR	bject as			VIIEM IS PART	I OR PART 2)		
SIOI	SHO TO TO TO TO TO TO TO TO TO TO TO TO TO	MEDICAL	CONTRIBUTING CA		21e PLACE O	FINJURY (A		CATION	35841000					
三	IE, WRITING THE WORD "PER RWARDED TO THE CHIEF M REPAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA (), 21201 PRIOR TO BURIAL, C	ME	WHILE NOT W			Stati		street 13 Pe	ocomoke	Worce:	ster C	COUNTY	Md.	STATE
	ATE, WORWA ORWA ORWA OR: PA(IE STA' VD, 21;		22a I certify that 1 to	ook charge of t	the remains desc	ribed above,	neld an Autor	osy X, Ins	pection .	Inquiry .	, ond in	my opinion		
MW	SE FE		death resulted from	Notyfel co	gses .	Acorden Z	Suicid	, Homicide	Undete	ermined manne				
A	WAR WAR		ACTUAL	VV	:Dag	VIS	a. St	TITLE (SPECI				DATE -		most i
3	AHA AHA		SIGNATURE	1	40 11-01	4/1	Mary	A.DDeputy	Chief	CAL EXAMINE	R S	SIGNED 2	/20/8	3
MEDIC	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA	-	EXAMINER'S NAME (TYPE OR PRINT)	Th	omas D.	Smith	M.D.	_ADDRESS	III Pe	enn St.	Bal	to.,	MD.	
5	PATO PA	23a B	JRIAL, CREMATION, REA				E OF CEMETERY		23d. LO	CATION		COUNTY	STA	AXE /
169998	P 633	L'	Burial	2.	-22-F18	3 15	th Fe	den	D.	comoke	City,	Worch	oskro!	Nd.
171111	DHMH - 17	24 F	INERAL DIRECTOR	_	ADDRESS		1.		DATE REC'D. BY		RECISTR	AR'S SIGNA	TURE	
(VI	R A15 ME (5))		nucht t	04.1.N	· Teny	perana	evelle le	2 234/2	FEB 25	1983	dun	do la	help	

a come a good Bases of great and a

CAROLINA VN OF DEATH TO RE INCE (IF HURSING HOME OR IT) INCE (IF HURSING HOME OR IT) INCE (IF HURSING HOME OR IT) ASED EVER IN U.S. ARR IKNOWN) (IF YES, GIVE) E OF DEATH (Enter on) DEATH WAS CAUSED	A RACE LAC. 76 CITIZEN OF WHAT CO 11. NAME OF HOSPITAL (IF NOTIN SUCH FACILITY, C PROVIDENT INSTITUTION, GIVE RESIDE VITY BAL MIDDLE FOR THE MARKET INSTITUTION OF THE SIDE BAL FOR THE MARKET INSTITUTION OF THE SIDE BAL FOR THE MARKET INSTITUTION OF THE SIDE BAL FOR THE MARKET INSTITUTION OF THE SIDE BAL FOR THE MARKET INSTITUTION OF THE SIDE THE MARKET INSTITUTION OF TH	S. DATE MONITORY? S. DATE MONITORY? MARRI MIDOW MIDOW	30 08 IED XX NEVER MARRIED DIVORCED DIVORCED COR OTHER INSTITUTION	6. AGE (INYEARS LAST BIRTH 74 9. BALTIMORE CITY OF CITY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE 130. STREET ADDRESS I MIDDLE ADDRESS ADDRESS ADDRESS	AONTH DAY AONTH DAY AONTH DAY YRS COUNTY OF ON WORKING LIFE)	AVE.	ALC: NO
(STATE OR FOREIGN CAROLINA) VN OF DEATH TO RE TO	A RACE LAC. 76 CITIZEN OF WHAT CO 11. NAME OF HOSPITAL (IF NOTIN SUCH FACILITY, C POOL 13. CITY BAL MIDDLE MED FORCES? 166 SOC WAR OR DATES! DUE TO, OR AS A CO (b)	MONITY? 8 MARRIWIDOW NURSING HOME GIVE STREET ADDRESS) TINUT ENCE BEFORE ADMISSION OR TOWN TIMORE LAST ULLER LIAL SECURITY NO.	JAY YEAR 30 08 JAY YEAR 30 08 JAY JED X NEVER MARRIED CON THE INSTITUTION JAY JAY JAY JAY JAY JAY JAY JAY JAY JAY	9. BALTIMORE CITY OF CITY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE 130. SPREEL ADDRESS I DRUIT MAME MIDDLE T ADDRESS 2451 DRUIT	YRS COUNTY OF WORKING LIFE) D HILL	IZE KIND OF INDUSTRY AVE.	F BUSINESS (
CAROLINA VN OF DEATH TO RE ICE (IF NURSING HOME OR: I3b. COUN ME SEPH ASED EVER IN U.S. ARA I(IF VES, GIVE IMMEDIATI BOTO DEATH (Enter on) DEATH WAS CAUSED IMMEDIATI Ons, if ony, which on, storing the	76 CITIZEN OF WHAT CO 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C OTHER INSTITUTION, GIVE RESIDE AND THE MED FORCES? WAR OR DATES] 13c. CITY BAL MED FORCES? WAR OR DATES] 16b SOC 19 ON COMMON	MARRIA MIDOW , NURSING HOME GIVE STREET ADDRESS) OR TOWN TIMORE LAST LIAL SECURITY NO. CONSEQUENCE OF	IED XX NEVER MARRIED DIVORCED DO DIVORCED DI CONCENTRA DI CONCENTRA DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DI CONCENTRA DIVORCED DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DIVORCED DI CONCENTRA DI CONCENT	9 BALTIMORE CITY OF CITY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE 130. STREET ADDRESS IN AME MIDDLE TARRET ADDRESS 2451 DRUIT	COUNTY OF ON WORKING LIFE) D HILL	12b. KIND OF INDUSTRY AVE.	2121:
CE (IF NURSING HOME OR: ID) ME SEPH SED EVER IN U.S. ARA IKNOWN) FYES, GIVE IMMEDIATI IMMED	MED FORCES? 16b SOC War or dates Due to, or as a co	INVESTING HOME GIVE STREET ADDRESS) ENCE BEFORE ADMISSION OR TOWN TIMORE LAST ULLER LAST ULLER CALLER CAL	13d. INSIDE CITY LIMITS? YESKEN NO THE STATE OF THE STATE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE 130 STREET ADDRESS I MIDDLE ADDRESS I	DN WORKING LIFE) D HILL	AVE.	2121
ISEPH SEPH SEPH SEPH SEPH SED EVER IN U.S. ARRIKNOWN) [IF YES, GIVE] E OF DEATH (Enter and DEATH WAS CAUSED IMMEDIATED IMMEDI	MIDDLE MED FORCES? 166 SOC WAR OR DATES! It cause per line far to DBY: It CAUSE (a) DUE TO, OR AS A CO	TIMORE LAST ULLER	13d. INSIDE CITY LIMITS? YESY NO 15 MOTHER'S MAIDEN N FRST MARGARE 17. INFORMANT	13. SPREE ADDRESS IN AME MIDDLE ADDRESS ADDRE	SS	AVE	212
SEPH ASED EVER IN U.S. ARAIKNOWN) [IF YES, GIVE E OF DEATH (Enter onl. DEATH WAS CAUSED IMMEDIATE B, if any, which is immediate only stating the	MED FORCES? 16b SOC WAR OR DATES! Ily one cause per line for 10 BY: CAUSE (a) DUE TO, OR AS A CO	ULLER LIAL SECURITY NO. 2), (b), and ic 2 SPIR DNSEOUENCE OF	MARGARE 17. INFORMANT	ADDRES ADDRES		AVE	212
E OF DEATH (Enter and DEATH WAS CAUSED IMMEDIATED Immediate and Death which is the total mediate and stating the	lly one cause per line far to D BY: E CAUSE (a) DUE TO, OR AS A CO	CSPIR		<u> </u>			212 NATE INTERVA NISET AND DE
IMMEDIATION IMMEDIATION IN THE IMMEDIATION IMMEDIATION IN THE IMMEDIATION IN THE IMMEDIATION IMMEDIATI	DUE TO, OR AS A CO	ONSEQUENCE OF	CVA	FAILURE		APPROXIA BETWEEN O	NATE INTERVA
THER SIGNIFICANT C	CONDITIONS CONTRIBUT	TING TO DEATH BU	UT NOT RELATED TO THE TER	rminal disease or cond	ITION GIVEN	IN PART 1(a)
OF OPERATION	196 CONDITION FOR	R WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATH?
ENT WAS UNDERLYING BUTING CAUSE OF DEAT NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK	P,M.	19 Y	R	JRRED (ENTER NATURE OF INJUR)		OR PART 2)	STATE
the deceased alive an. e. (1) (we) (did) (did not		19	DEGREE ATTENDING	MEDICAL STAF	te and haur an	nd fram the c	
	1BORO [22e ADDRESS CEMETERY OR CREMATORY				70)
				23d LOCATION			
	NOT WHILE AT WORK AT WORK Thirdy that (1) (this hosping the deceased alive and the deceas	NOT WHILE AT WORK (AT HOME, STREET, FACTOR (AT HOME, STREET, FACTOR	NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) rify that (1) (this haspital) attended the deceased fram the deceased alive an re, (1) (we) (did) (did nat) view the bady after death. NATURE AUBICIAN'S NAME (TYPE OR PRINT) A UBGAO CATHOME, STREET, FACTORY, OFFICE, FARM, ETC.] A STREET, FACTORY, OFFICE, FARM, ETC.] A WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] A WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	NOT WHILE AT WORK AT WORK. STREET, FACTORY, OFFICE, FARM, ETC.] STREET STREE	NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN INTERPOLATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN TO WHILE AT WORK INTERPOLATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN TO WORK TO	NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN 10fy that (1) (this haspital) attended the deceased fram	NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK (IT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK (IT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY The deceased alive an



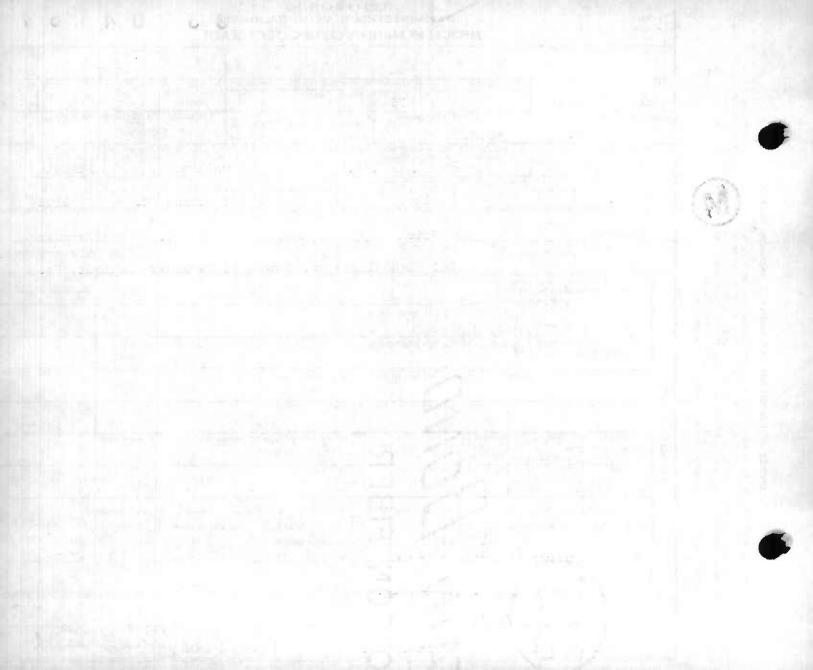
1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4	168
I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT)	2b. HOUR
ADELAIDE A. QUINN 3. SEX. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1 UNDER 1 YEAR	R IF UNDER 24 HRS
Female White DAY YEAR 9 29 23 59 YRS.	
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland 15. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 17. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 17. CITIZEN OF WHAT COUNTRY?	
Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 12. USUAL OCCUPATION (TYPE OF WORKING LIFE) 12. USUAL OCCUPATION (TYPE OF WORKING LIFE) 12. USUAL OCCUPATION (TYPE OF WORKING LIFE) 12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 12. USUAL OCCUPATION (TYPE OF WORKING LIFE) 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 14. OCCUPATION (TYPE OF WORKING LIFE) 15. KIND 16. CITY OR TOWN OF DEATH 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL LIFE (TYPE OF WORKING LIFE) 17. NAME OF HOSPITAL L	OF BUSINESS OR YBalto. Co.
USUAL RESIDENCE (IF NURSING HOPE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STATE 130. STATE 130. STREET ADDRESS 217 Elizabeth Avenue 15. MOTHER'S MAIDEN NAME	tion
MIDDLE LAST FIRE? MIDDLE	Bell
(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-14-9065 John L. Quinn 217 Elizabeth Avenu	ie 21227
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. Conditions, if ony, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF ART 2 OF	NIMATE INTERVAL NONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I CHAPTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I CHAPTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I CHAPTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	
CWONCE OSSINGE POLIMONRY DISCONSIDERATION OF THE PROPERTY OF T	INGS USED S OF DEATH?
216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2)	
ON ONE STATE OF THE PROPERTY O	STATE
270. I certify that (I) (this hospital) attended the deceased from 2 19 3 , and that in (my) (60) opinion death accurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death.	
0 50 50 5	ESIGNED 3
Specific PH. COOKE BOOLS HONOVERST	
138. TOWNER OF CEMETERY OR CREMATORY	Mary Land
DHMH-16 50M 4/82 (VRA 15, 4) DHMH-16 50M 4/82 (VRA 15, 4) DHMH-16 50M 4/82 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.	

Methods | married lines, the winter here are not are.

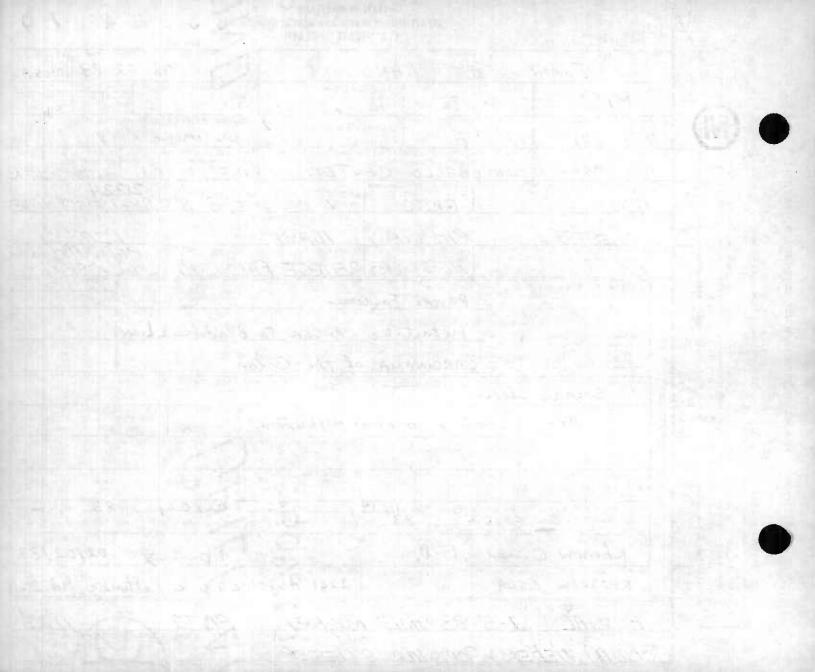
1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIEN 3	0	4 6	9
	- STATE REGISTRA	AR	MEI	DICAL EXAMIN	IER'S C	ERTIFICATE C	F DEATH	REG. NO.		1
	DECEASED I	VAME FIRST		WIDDLE		LAST	20 DATE	KNOWN XX	MONTH DAY YEAR	R 26 HOUR
L	, THE ON PRINTING	WIL	LIAM /	/N.		RADOJCICH	OF DEATH	MATED 2	2-8-83 19	M
3.	SEX	4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTHO		DER 1 YR. IF UNDER	24 HRS. 2c. DAT		AONTH DAY YEA	24 HOUR PM 2:26
_	Male	White		75 Y	RS.	DATS HOURS	DEA	2	2-8-83 19	2:26
70	BIRTHPLAC		76. CITIZEN OF WE	HAT COUNTRY?	8 MARRI	ED NEVER MARR	IED X		COUNTY OF DEATH	17 E W
		Pa.	U.S.		WIDOW			ltimore		MD
10	CITY OR TO	WN OF DEATH	LIF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)			FOR MOST OF WO	PATION (TYPE OF	WORK 126 KIND OF OR INDUS	BUSINESS STRY
	Balti					edroom	Machini	st	Stamp:	ing
	STATE	13b. COU		VE RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS		
	Мс			Balto.		YES NO	437 Elr	ino St.	21:	224
14	FATHER'S N	IAME	WIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDLE	LAST	
1	Nicho			adojcich		Anna		т.	Barnha	art
16	(YES, NO, OR L	EASED EVER IN U.S. A	VE WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS 3	08 Delawa	re Ave.
	No			192-05-409	1	Mr. Georg	ge W. Sem	encar O	akmont, Pa	a
Ī	18 CAU	ISE OF DEATH (Enter of	anly ane cause per line						APPROXIMA	ATE INTERVAL
	0		ATE CAUSE (a) GL	inshot woun	d of	head				
	75	227		AS A CONSEQUENCE	OF				1 200	
	gav	ditians," if any, which e rise to immedia	te / (b)							
Н		se (a) stating the <u>unde</u> g cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
			(c)							
,		NER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	WINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).			
C	19g DAT	E OF OPERATION	IIII CONDI	ION FOR WHICH OPER	PATIONW	AS PEREORMED?			Iso AUTOR	- V2
014	2		176 CONDI	.cok milen or Er		TO TEN ONNED!			20 AUTOPS	
2000	21a EXT	ERNAL CAUSE WAS	21b TIME OF	INJURY	21¢ HC	W INJURY OCCURRE	D JENTER NATURE OF IN	HISY IN ITEM 18 DAD!	YES V.	NO 🗆
ACTA CISTAGO O. C.	UNDERL	YING XXR BUTING CAUSE O		MONTH DAY YEA	P	lf/inflict		OUNT BY HEM TO PART	t on t Ant 2)	
916	21d INJU	IRY OCCURRED	F DEATH P.M.			CATION				
-	WHILE		STREET, FACT	ORY, FARM, ETC.)		Elrino St	2nd fl	Baltim	ore Mary	a m
	AT WOR	K AT WORK	xx hor	ile	1457		. 2110 10	, Dati iiik	oro, mary	F G F F G
	22o. l	certify that I taak cha	irge of the remains des	cribed abave, held an	Autaps		n . Inquiry	L. and in	my opinian	
	death r	resulted fram: Nat	tural causes ,	Accident , Su	vicide XX	Hamicide .	Undetermined m	anner,		
	ACTUAL	NI.	in a A.	46.00		TITLE (SPECIFY)			DATE O C	0.7
1	SIGNAT		gue whe	mul	M.	Assistant	MEDICAL EXA	MINER	SIGNED 2-9-8	35
	EXAMIN	ER'S NAME	1	ST BREE			Marie San			
L	(TYPE OF	R PRINT)Mar		Korell, M.D.			Penn Str	et		
23	(SPECIFY)	EMATION, REMOVAL	and the same of th	23c. NAME OF CE	METERY OF	R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
24	FUNERAL D	Removal	2/16/83		200	12Ca D 475	DECID BY DECISES	AD INCHES OF THE	ARIC CICALATURE	
Z	NAME		ADDRESS	7-11		ZSO. DATE	B 2 3 198		RAR'S SIGNATURE	ed :
	A	natomy Boa	ara	Balto., M	a.	1 1	D 40 190	000	-O- would	7

20M 4/82

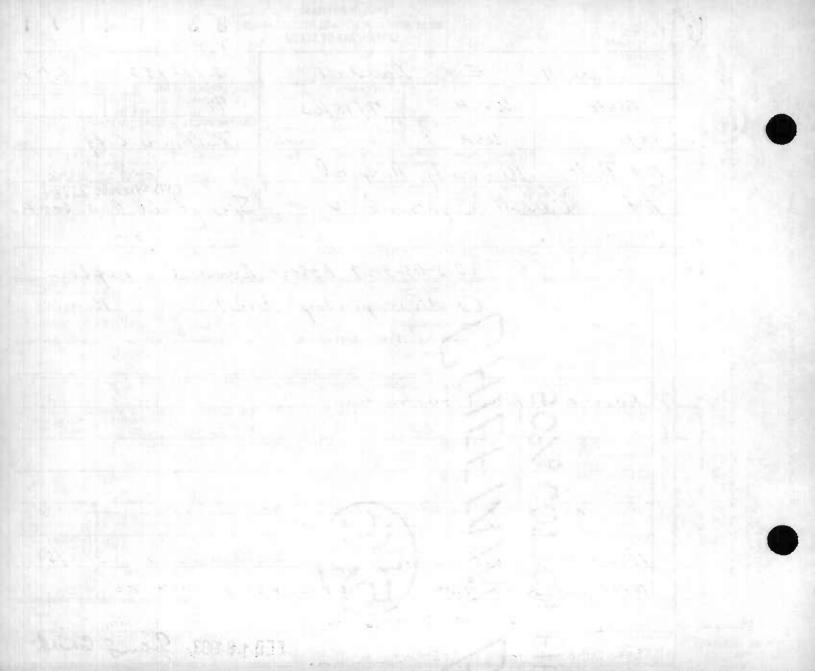
STATE OF MARYLAND



Va.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYGIENE 8 3 0 4 1 7 0
	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME FIRST FRAN	K W RAKOWSKI	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 02 02 83 10:05 A
3. S		NACE WHITE S. DATE OF BIRTH DAY YEAR 12 29 20	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS
1)35	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
page 10 c	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MONTEBELLO CENTER	
35 130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21274
350C 14. F	ATHER'S NAME FIRST COESTER	MIDDLE RAKAULSKI MAR	NAME MIDDLE NEMSKI
	WAS DECEASED EVER IN U.S. AI IYES, NO OR UNKNOWN) I I IF YES, GIN	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (26 WAR OR DATES)	RAKOWSKI 3142 YORKWAY
traumatic event, th	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate		to Bladder & Liver
z	couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	Polon TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CERTIFICATION	Socral 190 DATE OF OPERATION 1982	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Colostons - Bilateral niphrosto	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
- 01	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
2	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218. LOCATION STREET	CITY OR TOWN COUNTY STATE
Hem 21 is mark	saw the deceased alive or above, (I) (we) (did) (did) 22b. SIGNATURE	or) view the body after death. DEGREE	nion death accurred an the date and hour and Iram the causes stated 22c. DATE SIGNED
MPORTANT: IF	22d. PHYSICIAN'S NAME ITYPE O KHOSROW		gonne Orive, Baltimore, Md. 2/2
330. 41	BURIAL, CREMATION, REMOVAL		
/77 24.1	UNERAL DIRECTOR	ADDRESS 40 / 250	DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND



MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the

				STATE OF MARYLAND								
2	1	FOR		DEPART		EALTH AND MENTAL HYG	IENE B 3	0	4	1	2	
1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				-	
1/		CEASED NAME FIRST		MIDDLE	l.	251		ONTH DAY	YEAR	26 HOUR		
	(TYPE	ORPRINT) Mipi	a m	Raugh	6	Andall	-	7-9	83	9:30 a		
	3. SE		A M I4 RACE	baugh	5. DATE C		6 AGE (IN YEARS LAST BIRTHE	DAY) JE 13	NDER I YEAR	IF UNDER 24 H	_	
	J. JL.	C . 1	T RACE	1	MONTH	DAY YEAR	C C	MON			IN.	
		FRMAIR	Wh	ITR	6	6 97	85	YRS.				
21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF	DEATH			
100	W	IS CONSON	u.	S	WIDOWE		SALTIMON	24 C	itu		MD	
24	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND OF	BUSINESS	OR	
	100	Baltimore	11/65/	, , , ,	MR		HOUSE W		INDUSTRY			
	UsU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		4					
1		STATE 136 COU	NTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			04.000		
1,2		ATHER'S NAME		Baltimon	re	YES NO	2211 W. Rog	ers Av	enue .	21209	_	
100		FIRST	WIDDIE	LAST		FIRST	WIDDIE		LAST			
1		Ernest Van				Josephine						
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS					
		no		215 07 2	2532	The Wesley	Home same					
		18 CAUSE OF DEATH (Enter of	nly ane couse per	line for (a), (b), or	nd (c).				APPROXIM	MATE INTERVAL	TH	
		PART I. DEATH WAS CAUSE	D BY:	ASP/	000	ON DNEW	MONIA		1 1) d(/		
		4210	TE CAUSE (a)	7-11	1-11-1	670 69	70 0.07 11			1		
		1300	DUE TO, O	R AS ACONSEQU	ENCE OF	at of tour sa.	lain Anim	ent	2,	S CE W	(
		Conditions, if ony, which gave rise to immediate	1b)_	11 041		evegrovascu	101 ACCIA	cuy) 0	CCK	_	
		couse (a), stoting the underlying cause lost	DUE TO, O	R AS CONSEON		1. 0			1/2	6		
		diddinying coost tosi	(c)	cevely	vovas	cular DI	segge		ye	avs		
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	N PART IIa			
	CERTIFICATION											
1	CA	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
L	TE						YES NOW	YES [CAUSES	NO T		
10	CER	210. ACCIDENT WAS UNDERLYING				216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM IS PART I	OR PART 2)			
4		OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH D								
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M. OF INJURY	19	211 LOCATION						
	ME	WHILE IT NOT WHILE IT		REET, FACTORY, OFFICE I	FARM, ETC 1	STREET	CITY OF TOWN		COUNTY	STATE		
		AT WORK AT WORK			13 -		0 - 6		0.2			
		22a I certify that (1) (this hasp			2	19.77			<u> </u>	hat (1) (we)		
	- 1	saw the deceased of a abave, (1) (we) (did ridid no	view the bady	after death	ar	d that in my (our) opinion o	death accurred an the dote	and have and	d from the co	ouses stated		
		22b. SIGNATURE	0	0 1	-	DEGREE	14		22c. DATE S	IGNED		
		Colery	E. Va	you il	D.	ATTENDING PHYSICIAN	MEDICAL STAFF	ΝП	2-9	-83		
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS						
	10	DOBERT	E. K	20-BV		8877. 7	RELAIR (ROAL)			
	73a D	SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	123d LOCATION	~ CHL	,			
		SPECIFY)	2/10/			ew Crematory	Westview B	ald Co	5MYTHU	STATE		
	24 51	Cremation	2/10/) N	ICOUAT				_		9	
		JNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR 25	GISTRAR	SSIGNAU	heek		
	RI	urgee Funeral H	ome 36	31 Falls	Road	21211 FE	B 1 5 1983	Jour	of Ca			

FEB 1 5 1983

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

of the state of th 1:020 aman ouldered the governor from Tele 1 2530 The sorley done same MARINE TO THE PROPERTY OF THE PARTY OF THE P THERE Condenses to the state of the 3 wastered Construentes District Visit X was en No. 31 . Live Robert E Walt Strate British blood office asistem tradered weighted to the tradered and the tradered

	тоу	2
	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 4 may sined by the hospital or attending physician.	O FUNERAL DIRECTOR. After this centificate has been signed by the attending physician and complete, filled in by the fluor controlled be detached for use as the burial-transit permit. Then please remuse controlled property and 2 should be allied within the state Dark of Health and Manial Hamene prior to burial creature.
	er death	- funda
1201	ours offe	in by the e filled s
AND 2	in 24 h	Palli A
MARYI	ed with	and 2
MORE,	e execut	Popes 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ficate b	physician
TON ST	oth certi	corbon corbon
/. PRES	the de	the att
, 201 W	ires that	aned by n please
CORDS	w redu	mit. The
ITALRE	. The la	ote has
N OF V	SICIAN	certific urial-tro
OISINIC	NG PHY offend	fter this as the b
	TTENDI pital or	for use
) HOSPITAL OR ATTENDING PHYSICIAN: The Is Joined by the hospital or attending physician.	O FUNERAL DIRECTOR. After this certificate has been signed by the attending algorithm and complicated be detached for use as the burial-transit permit. Then please remue containables. Pages this state Daris of Health and Mental Hanges Drief to burial creating.
	OSPITA sed by	Id be de
	Hoio	0 34

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) MICHAEL FEBRUARY . 1983 RATAJCZAK 6 · 06 A AGE IN YEARS LAST BIRTHDAY 3. SEX 4. RACE 5 DATE OF BIRTH 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13a. STATE 136. COUNTY FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 19 YES DIVE WAR DEDATEST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE if any, which gave rise to immediate cause (a), stating the underlying cause CERTIFICATION MYOCARDTAL PATOR TOPSER FORMED S OF DEATH? NO F NOX YES 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21s. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED ō CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 2419 JANUARY 83 to FEBRUARY 220.1 certify that (1) this hospital attended the deceased fram. KKKKKKK and that in (my) (out popinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ abave, (I) we) (did) did not) very the body of the theother 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL * PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSIC AN'S NAME (TYPE OR PRINT) 22e ADDRESS CHURCH HOSPITAL CORPORATION. ORT STEVE NELSON MARYLAND BALTIMORE 0 % T % 3 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 250, DATE REC'D. BY DHMH - 16 50M 4/82 (VRA 15, 4)

BALTO CHUTCH HOME LAROKING WHAT ALL M.P. - BALTO S I LEES COURT STA BUTERL FERS SOUND LAND - LEASTON WAY

5	1.	FOR - STATE REGISTRAR	DEPARTN	LENT OF H	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	3 REG. NO.	0 4	174
		CEASED NAME FIRST	WIDDLE		LAS1	20 DATE OF	DEATH MON		20 110011
9	11.11	Mary	Katharyn	R	atsch	ALC: NO.	a	8 83	1215AM
	3. SE	X	RACE	5 DATE		6. AGE (IN YEA	ARS LAST BIRTHDAY	MONTHS DA	
	Fe	emale	White	5 21 1910		7	2	YRS	HOURS MIN.
-		IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8 AA A D D IE	D NEVER MARRIED	9 BALTIMOR	E CITY OR CO	UNTY OF DEATH	
5		rginia	U.S.A.	WIDOWI		Balt	imore	City	MD.
1	Ва	altimore /	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACHLITY, GIVE STREET A Baltimore Cit	DDRESS)			CCUPATION FOR MOST OF WOR Maker		D OF BUSINESS OR RY
5	Ma	-		٧	13d. INSIDE CITY LIMITS? YES NO 🔀			ie Aven	ue 21219
0	200	ATHER'S NAME FIRST M ATTNATO	S. See		Mary Mary	AME	WIDDIE	Li	nehan
2			WAR OR DATES!		Henry B. I	Ratsch		lto., M	
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) SOV AMOU DUE TO, OR AS A CONSEQUE	NCE OF CE NCE OF	ll une land	716			ROXIMATE INTERVAL EN ONSET AND DEATH
1	CERTIFICATION	190. DATE OF OPERATION	ONDITIONS CONTRIBUTING TO D			200 AUTOP	PSY? 20b.	IF YES, WERE FIN	IDINGS USED
7	TIFIC					YES	NOU	CERTIFYING CAUS	SES OF DEATH?
7	MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY OCCUP		IRE OF INJURY IN II		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA	RM, FTC)	211 LOCATION STREET	772	CITY OR TOWN	COUNTY	STATE
		220 1 certify that (1) (has haspital saw the deceased alive on	0 0 7	3)	nd that in (my) Jour) opinion	death occurred	an the date of	nd hour and from t	_, that () (we) lost

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol,

MPORTANT: If Item 21 is morked or Item 18 sh

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 2/11/1983

WEIJEMAN

22d. PHYSICIAN'S NAME (TYPE OR PRIN

226. SIGNATURE

231 NAME OF CEMETERY OR CREMATORY Gardens Of Faith

DEGREE

10

22e ADDRESS

23d LOCATION
CITY OR TOWN
Baltimore

MEDICAL STAFF

^{24 FUNERAL DIRECTOR} Duda-Ruck, 7922 Wise Avenue D Inc ADDRESS Dundalk, MD.

23b DATE

21222

ATTENDING PHYSICIAN

BAYMONE

altimore Maryland

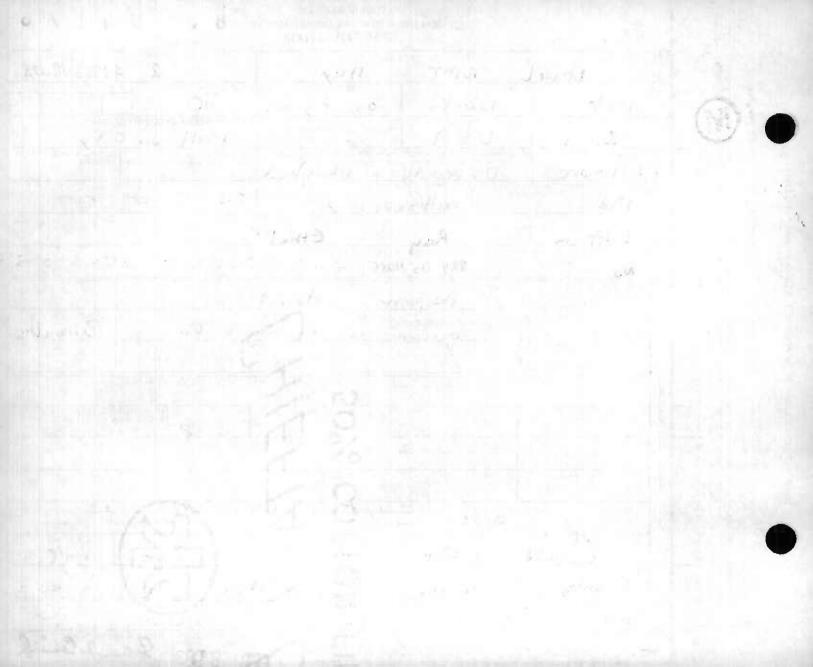
REGISTRAR 256, REGISTRAR'S SIGNATURE

220 DATE SIGNED 10/03

STATE OF MARYLAND

PROPERTY OF STREET				
SELVE OF SELECTION OF THE PARTY			0.2.0	
	N. Jak			STAR 1
Table of Care and Car				
.10 billion 2 vzm, 2 vz vz				
ever protoner with north		n invasi		
The second second second				
	2			
				on in the second
LAKAMAN STEMBORSKINSKA			71 T-50	
EB 1 6 1883 January Commit	**************************************		STE STATE	

	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 C	14176
poy be poge 3		CEASED NAME PIRST Dawiel	WMT	Rav	2a. DATE OF DEATH MONTH	2 1983 12:39A M
Post de la Best de la	3. SE		Black	5. DATE OF BIRTH MONTH DAY 1902	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4 CA 17		IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT	C.)
by the furtiled within	10 C	Baltimore	1. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
24 houndled in ould be	13a.	AL RESIDENCE (IF NURSING HOME OR COUNT	13c. CITY OR TOW	ADMISSION)	13.2951 ADDRESS Nort	th Avenue
ond 2 sho	14. F.	ATHER'S NAME FIRST	MDDLE RAST	15. MOTHER'S MAIDEN NA	ME	LAST
on ond co		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES! A .	JRITY NO. 17. INFORMANT	Gaines, Jr. 2	2112=16 McCul
that the death certificated by the attending physic cose remove corban paper of cremation, or remayal or other traumatic event, it		PART I. DEATH WAS CAUSED 1509 IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	W1850	ence of Cell Esopho	ged Ca.	approximate interval Between onset and death 3 months
he low requires on. has been signer permit. Then plied prior to buring ows any injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE	VEN IN PART 1:00 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
PHYSICIAN: tending phys this certifico he buriol-tro nd Mentol Hy id or Item 18	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2) COUNTY STATE
OR ATTENDIN e hospital or DIRECTOR, Af ched for use a Dept. of Health Item 21 is ma		220.1 certify that (1) (this hospito saw the deceased alive an above, (1) (we) (did) (did not 226. SIGNATUM	2/1/83 19	DEGREE ATTENDING	death occurred on the date and ha	ur and from the couses stated 22c. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deten with the State I IMPORTANT: If		22d PHYSICIAN'S NAME (14PE OR	E. Sheehow	22e. ADDRESS	ty of Mary	land Hosp
BP	230	Burial, cremation, removal Burial	0 40 0 40 0	vame of cemetery or crematory t. Zion Cem.	23d LOCATION CITY OR TOWN Baltimore	e MD
HMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR Im. C. March H	F/H 1101 Eress	North Ave.	E REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE



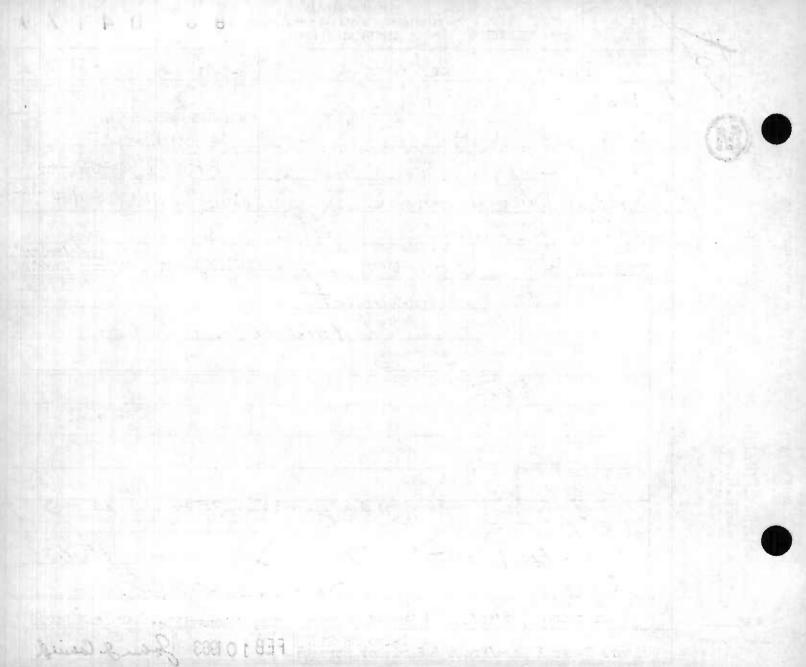
- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Carolin puringación avecat Eine Room & splite marine the known and

		FOR STATE REGISTRAR		CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	SIENE & 3	0 4	1 7 8	
	(TYPE	OR PRINT) ROBER	MIDDLE L.	REA	MY	20. DATE OF DEATH MC	ONTH DAY YEAR	6:40 P	
3	3 SE	M	4. RACE	Jan		6 AGE (IN YEAR LAST BIRTHD	YRS DAYS	R IF UNDER 24 HRS	
35		RTHPLACE (STATE OR FOREIGN OUNTRY) Mary I and	76 CITIZEN OF WHAT COUNTRY? USA	WIDOW		9 BALTIMORE CITY OR C BALTIMORE		MD.	
44		TY OR TOWN OF DEATH BALTIMORE	UNION MEMORIA	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION UNTON MEMORITAL OF HOSPITAL			ORKING LIFE) 126. KIND INDUSTRY Stru	of BUSINESS OR	
33	Tila S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFORE BY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 524 N. Cha	rles St.	21201 -01	
DE		Harry Tal	bot Reamy		Addie I. Pettit				
e medico		(AS DECEASED EVER IN U.S. AR es, no or unknown) (1.6 yes, giv	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213 03 6		Mrs. Martha	R. Smith 80		h Road	
injury, ar other troumotic	NOI	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C			A AONTIC			
Auo smoi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 2	Ob. IF YES, WERE FIND IN CERTIFYING CAUSE YES -	INGS USED S OF DEATH?	
lem 18 st	MEDICAL CER	21g ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED		Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART OR PART 2)		
orkedor	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE	
TANT: If Item 21 is m		220. I certify that (I) (this haspi saw the deceased alive and property of the same of the The STG FATURE			, 19 nd that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN 122e ADDRESS	death occurred on the date	224 DAT	that (t) (we) last e causes stated E SIGNED	
IMPORTAN	23a B	UALLETO M URIAL CREMATION, REMOVAL	- MENENDER	AME OF C	EMETERY OR CREMATORY	123d LOCATION	18000). भारतिया	
_	(Cremation NERAL DIRECTOR			Mount Cem.	Baltimor		STATE	
1/81			D HOME, INC. ADDRESS	500	York Rd. FE	- /	/	hill	

far do the continue ^ ^ 1 - t. PERSONAL THE COLUMN TO SERVICE AND THE SERVICE



26 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4) - STATE

The transfer of the state of th Table Table Committee Comm The second Photos Survey If the conserved the second se The second of th 000 10 Hard 21. Called . 12 32 1000

REG. NO. . DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT) MARY B. REEVES 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White Feb. 7, 1886 97 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED BALTIMORE CITY DIVORCED T 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 113d INSIDECITY LIMITS? 13e. STREET ADDRESS Baltimore 3401 Greenway Maryland 21218 YES X NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Fisher Stockton Sloan Buzby Anna 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214 24 2695 Anna Wilson. Balte, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' NOTIC gove rise to immediate couse (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 70s: AUTOPSYS 28k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 716. TIME OF INJURY TIL HOW INJURY URRED LENGENALISE OF MILEY IN THE 18 YART I GREAT TH 00 OF CONTRINATING A CAUSE OF DEATH HOUR A.M. IN SHIPE OF STATE ALTERNIES THE LOCATIO THE PLACE OF INJURA AT HOME STREET FACTORS CITY OF TOWN COUNTY. 22a. I certify that (this hospital) attended the deceased from 195 sow the deceased alive on and that in (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 2½ DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN L MPORTANT 77+ ADDRESS UNION MEMORIAL HOSPITAL 73s BURIAL CREMATION, REMOVAL 73r. NAME OF CEMETERY OR CREMATORY 23h DATE 71¢ LOCATION Cremation 2/24/83 Green Mount Balto., 74 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 50M 1/81

4905 Yerk Road Balto., MD

STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

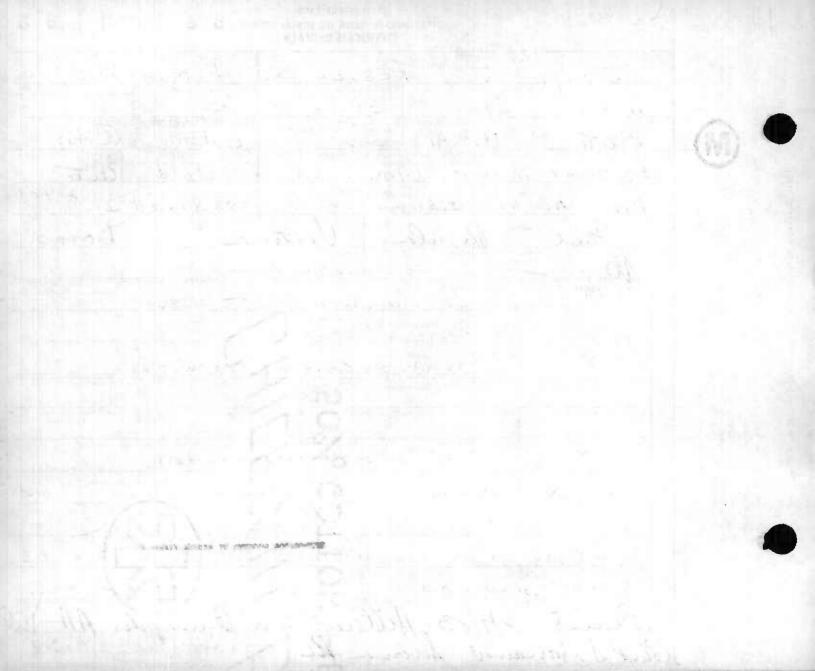
fie. 7, 125 E Homer or while entinora x - Fact Creaning 21413 C 11 7 ne contra not in 21 24 Else and ilson, Ealte, Albert ruo rei la C t ne . Unin co. 1508 Yer Ford Ealto., July 21012

16	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H	YGIENE & J	4102
o th		CEASED NAME FIRST	MIDDLE	REEVES		DAY YEAR 25 HOUR 13 83 5%
	3. SE		A RACE B lack	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 47 YRS	IF UNDER LYEAR OF UNDER 2
(M) 99		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED [D DALTHAODE CITY OD COUNTY	Y OF DEATH
39	10 C	Baltimore	(IF NOT IN SUCH FACILITY, GIVE	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b KIND OF BUSINESS INDUSTRY
Se house	136	AL RESIDENCE (IF NURSING HOME OF STATE 138 COUL	NTY 13c CITY OR	TOWN 138 INSIDE CITY LIMITS?	3722 WINT	21216 ENBUVRNIS
300	No	ATHER'S NAME PIRST Drman		ves Dr. Wey	WIDDLE	mas vy
he even	6a \	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL 2/63	SECURITY NO. 17 INFORMANT WITH STATE G	ADDRESS Reeves 3722 Win-	
that the death certificates by the attending phy cose remove carbonpos of cemotion, or remover other troumatic event.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (b)	andrai asysta EOUENCE OF under respuratory	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DE. (mm 2 hrs 3 0
he low requires has been signed t permit. Then pli ows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT () 190 DATE OF OPERATION	TORPHABS,	GO DEATH BUT NOT RELATED TO THE TEL GO STO MUSTON OF HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
HYSICIAN: The ading physicians are certificate buriol-transit Mental Hygis or frem 18 sho	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART I OR PART 2)
OR ATTENDING PORTENDING PROSPIDE OF After the DIRECTOR, After the order for use of the of the of the off them 21 is morked to the off	W	226 SIGNATURE ODWALL	at view the body ofter death.	DEGREE ATTENDING PHYSICIAN,	MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19 3 , that (I) (we) or and from the causes state 22c DATE SIGNED
retained by the TO FUNERAL should be determed with the State with	23a. E	ED WARD & BURIAL, CREMATION, REMOVAL	YUNT Som	IZE. ADDRESS	Winter borne	RØ.
BP DHMH - 16 60M 1/75 (VR A 15 (4))	24. FI	Durial UNERAL DIRECTOR NAME ROY O. DYETT 40	2/17/83	St. Thomas Cem.	Randa Tstown, I	

STATE OF MARYLAND

FEB 15 1982 Jung Carief

10	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		14183
y be deoth		EASED NAME FIRST JOSEPH	1. RACE Cau	REGULA SR. 15. DATE OF BIRTH MONTH MONTH OP OP OP OP TAR PAR TENER T	REG. NO. 20. DATE OF DEATH MONTH FLOTUATY 6. AGE (IN YEARS LAST BIRTHDAY) YRS.	DAY YEAR 26 HOUR 4 10 PM
	10 CI	Baltimory Baltimory	MIEMSS U.O	1 md at Balto	Baltimore City or County Baltimore 120 ÚSUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE TETTING	2 (City) MD. 12b. KIND OF BUSINESS OR
arytand 212 	13a. S	THER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE LITY REVIEW DEL 13. CITY OF TOW MIDDLE 1.451	N THNA 196 INSIDE CITY LIMITS?	130 STREET ADDRESS 1188 Summitt	Dr. 21401
CTIMORE, M. The executed compare Pages 1 or medical compare to the m		110 -	215-05-5	5128 HOSPITAL RE	ADDRESS	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
CDS, 201 W. PRESTON ST., B rquives that the death certifical signed by the attending phy Then planes remainer carbonizal Then planes remainer, ar remo- rillary, or other trainmatic event	NO	Conditions, if only which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF DEPIZZ	() GONTUSIONS	
ON OF VITAL RECO	L CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) \(\text{NO} \)
DIVISI or offer or offer the se os the selfth ond morked	MEDICAL		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM. ETC) 211 10CATION 11 85 Su	DE CHUZP	that (I) (we) last
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR: A wild be detached for use he the State Dept. of Head of the State Dept. of Head ONTANT: If them 21 is many than the State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept. or State Dept.		sow the decrosed dive on obove, (I) (we) (did) (did no 17). SIGNATURE	to view the body ofter death.	DEGREE	dictives of the domend had not had the major of the ment of the me	27. State Signed
Ot Od A	23a. 6	URIAL OREMATION, REMOVAL	30 LO MON 3-19/83 13C1	ZZS. C	of Grunge	Bat. Md.



3331 Brehms Lane, Balto. Md. 21213

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b HOUR

9:29p

IF LINDER 24 MRS

Clothing

STATE

2n DATE OF DEATH

1 5 1 F 7 0 8			
		auni	
To	· 神· · ·		
		14.2.0	
		DA JEROSDIJE	
	and the same of th	Serie and	Se Luc
			Jimes .
	9720 LL		
	in the second		
			1.53

/	FOR			DEPAR		OF MARYLAND ALTH AND MENTAL HYO	HENE 8 3	0	41	8 5
7/	1 - STA	TE ISTRAR		DEFAR		ATE OF DEATH		G. NO.		
/ W	1. DECEASE	off -		DDLE	LAS	Ť	2a. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
od be of	1	ALB			KE	ID	4.465	2	1 83	655 AM
4 4	1. SEX	1ALE	1. RACE	SIAN	5. DATE OF	DAY YEAR 29	6. AGE (IN YEARS L	YRS.	MONTHS DAYS	HOURS MIN.
Pog.	MIR THP	ACE (STATE OR FOREIGN	76. CITIZEN OF W		? 8. MARRIED		9. BALTIMORE C	TY OR COUNT	Y OF DEATH	
de oth	MA	RYLAND	US	A	WIDOWED	DIVORCED	BALTI	MORE		MD.
1	IN CITY OF	TOWN OF DEATH		OSPITAL, NURS		OTHER INSTITUTION	12a USUAL OCCU		LIFE) INDUSTRY	F BUSINESS OR
1201		LTIMORE SIDENCE IF NURSING HOME OF				OSPITAL	SALE	S	SELF	21224
AND 2 filled hould be	130. STATE	ENLAND 136 COII	INTY	3c. CITY OR TO		36. INSIDE CITY LIMITS?	130. STREET ADDR	ANGL	ESEA	ST.
ith ith	14 FATHER	S NAME	MIDDLE	LAST	1	S. MOTHER'S MAIDEN NA	MID	DLE	LAS	it it
man weed w	JEC	WARD	P.	REII		ANNA		DONO		
BALTIMORE.	(YES, NO	OR UNKNOWN! HEYES, G	RMED FORCES?	220-	22-1042	ANGELINA	PETD "			esea St . 21224
ALTIN te be bers. F	-					////	, <u>,- uy</u>	Dai		IMATE INTERVAL ONSET AND DEATH
ST., BAL entificate g physici panpaper removal.	P	AUSE OF DEATH (Enter of ART I. DEATH WAS CAUS IMMEDIA	ED BY: ATE CAUSE (a)	Cardo	ic a	riest				
on the central control on the central control on the central on th		5314	DUE TO, OR	AS A CONSEQ	UENCE OF	- '/ac/'	11			
he death come of the death common of the death common or the mation, or troumation.	901	ditions, if any, which re rise to immediate	(b)	upper	U	o intestino	nemo	rmas		
W. of the service of the street		se (a), stating the erlying cause last.	DUE TO, OR	AS A CONSEQ	_ 1 /	close				
20 ses the ses	PAR	2. OTHER SIGNIFICANT	CONDITIONS CO			OT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 1	0
Programmer of the second of th	NO	Hepatic	- tanlu	ure-			- I an anti-order	Inc. 15 V	C WERE EN ION	
	CERTIFICATION 19 TO 19 T	ATE OF OPERATION	196. CONDII	ION FOR WHIC	H OPERATION	WAS PERFORMED	YES NO	INCERT	ES, WERE FINDING IFYING CAUSES	
VITAL R. W. The Introduction. It is the Mygiene Hygiene 18 shows	210.	ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	1 [-]	9		110 [
ON OF VIII	S OR C	ONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINE			DAT TEAK					
DIVISION OF VITAL NG PHYSICIAN: The retranding physician of the buriel-transis is th and Mental Hygier orked or item 18 sho	WEDICAL WHI	NJURY OCCURRED	21e PLACE O	F INJURY ET, FACTORY, OFFICE		21f LOCATION STREET	City	OR TOWN	COUNTY	STATE
DING or of After e os t olth o	AT W	certify that (I) (this hasp	nital) attended the	deceased from	1/5	20 19 83	10 2	1,	10 23	that (I) (we) last
TTEN TOR: for us of He		saw the least plive a	~ / /		83, ond	that in (my) (our) apinion	death occurred an	the date and ho		
OR A bose DIREC Dept f hem		SIGNATURE	ion, view the oddy o	60	DI	GREE	MEDICAL	/	22c. DATE	SIGNED
	224	PHYSICAN'S NAME (TYPE	nery	Mi	10 1	ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF	12/	1/83
TO HOSPITAL TO FUNERAL should be de with the Stort	220.	ROSEL		6/11/	0	UNIVERS!	TV OF	HARV	ANA	HASPITA
TO TO Show		L, CREMATION, REMOVA		230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION		-11-0	4 03/ 11/10
BP	Crei	mation	2/4/1	983	Green	Mount	Balti	more		aryland
DHMH - 16 50M 4/82		AL DIRECTOR Duda					E REC'D. BY REGIS	TRAR 256. REGIS	STRAR'S SIGNAT	Capiel
(VRA 15, 4)	17922	Wise Ave	nue Di	undalk	, MD.	21222 [LU / 190	00 10	-	- American

TO THE RESERVE OF THE PARTY OF BALINET TO ALCHEST ST JULY AMURIA SOMETHIS RESERVE Language de la company de la c The Committee of the Control of the

FOR

REGISTRAR

24. FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

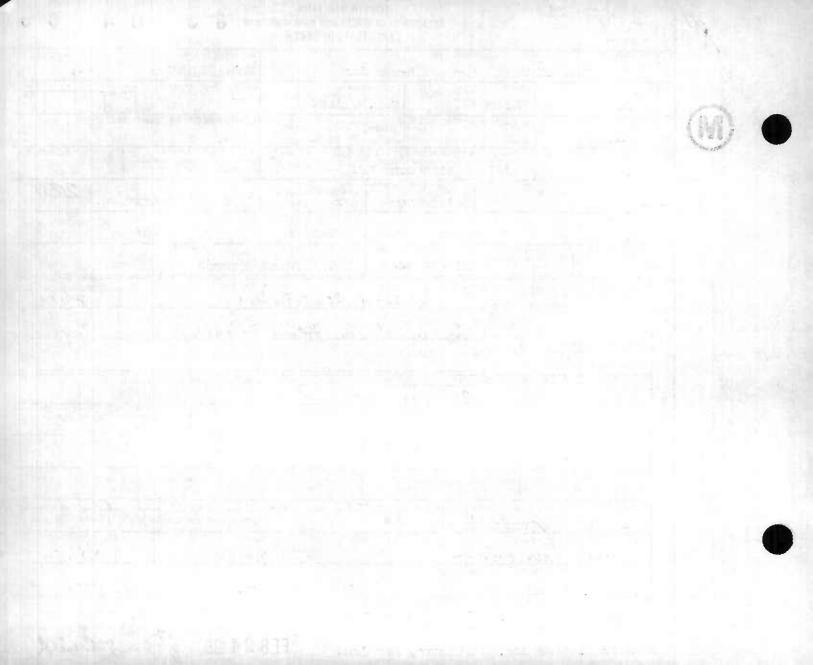
CERTIFICATE OF DEATH

STATE

STATE

to and Cancel

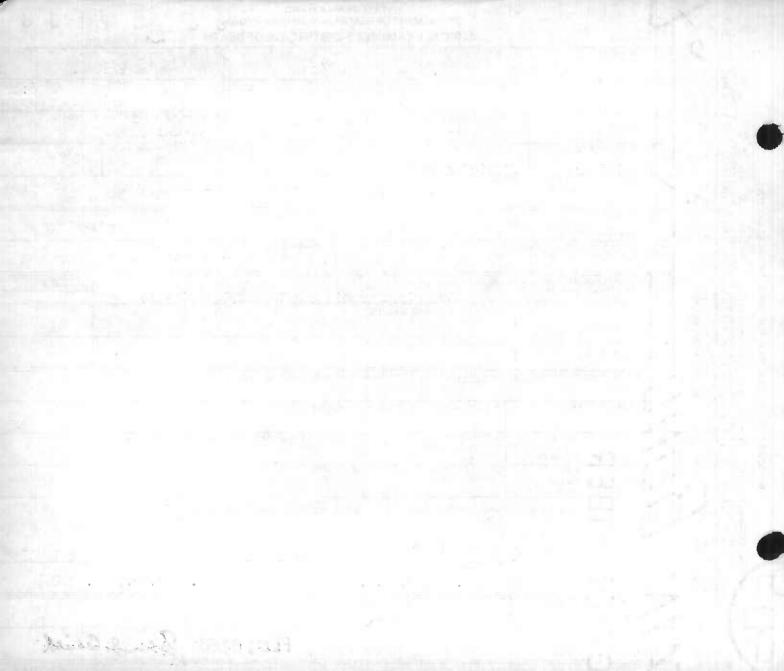
250 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE



Et & C 883 of Congressions

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Rice 2/10/83。 Clarence D. DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 2/10/83% 31 52 Black 5 DEAD Male 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED Baltimore City MD 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Sinai Hospita 13d. INSIDE CITY LIMITS? 13e. STREET TO BESS Park Heights Ave. 1136 COUNTY Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clarence Margaret Briscoe Rice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 1 (IF YES, GIVE WAR OR DATES) 212-30-3947 Brenda McCray 2522 Oakley Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING...
RWARDED TO THE C...
R. PAGE 3 SHOULD BE USEF
E STATE DEPARTMENT OF I NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AGE 4 SHOULD BE FORW D FUNERAL DIRECTOR: P. FTER DEATH, WITH THE ST 220 I certify that I took charge of the remains described above, held on Autopsy Inspection deoth resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 2/16/83 SIGNATURE SIGNED Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 AFTER (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY STATE Cremation 2/17/83 Westview Mem. Baltimore BP 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))

20M 4/B2

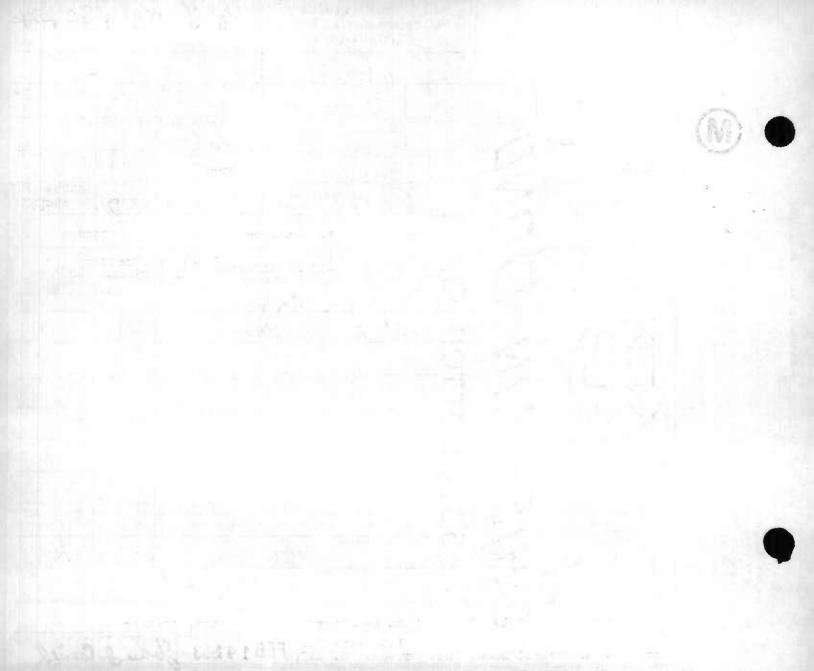


STATE OF MARYLAND



FEURBERRE

以	1	FOR - STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIEN	REG. N	NB, A	१० के अ
4 moy be ir, poge 3 Her deoth		CEASED NAME FIRST FIRST X Female	4. RACE	L, R	icketts 5. DATE OF BIRTH MONTH OAV		DATE OF DEATH	MONTH DAY YEAR 2 9 SA RTHDAY) IF UNDER 1 Y	2
Meoth. Poge		IRTHPLACE (STATE OR FOREIGN COUNTRY) - Arizona	76. CITIZEN OF W	/HAT COUNTRY? 8	MARRIED NEVER MAR	RCED	Balt	YRS. DR COUNTY OF DEATH	м
hours after d in by the	B Usu	ITY OR TOWN OF DEATH altimore AL RESIDENCE (IF NURSING HOVE OF STATE 138 OU	(IF NOT IN SUCH	FACILITY, GIVE STREET ADI	tospita/	{TY	PE OF WORK FOR MOST ON NOTE STREET ADDRESS		85201-79
ed within 24 ond 2 had	14. F.	ATHER'S NAME FIRST Veral	WIODIE	Mesa Adair	YES NOTHER'S MA	08 6	25 Wes	t 6 Dr.	X %XXXX Thews
be execut		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	526-27-46	1 1	SXX XXXX	Melo Mesa	ESS drum Mortua a, Arizona	ry 85201
been signed by the attending. Then please remove conprior to burial, cremation, or any injury, ar other troumati	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS COI	form.	CE OF		DISEASE OR CON	DITION GIVEN IN PAR	
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY	21c HOW INJUR		ES NO	IN CERTIFYING CAU YES THE TEST OF PART OF PART OF PART	SES OF DEATH?
SNDING PHYSICIAN: The lo of a attending physician. RR: After this certificate has use as the burial-transit per Health and Mental Hygiene is marked or Item 18 shows	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE AT WORK	P.M.		19 21f. LOCATION	0.3	CITY OR TO		
L OR ATTE the hospith biRECTO tacked for be Dept. of		22a I certify that M (this hosp saw the deceased alive ar above, (1) (we) (did) (did no 22b. SIGNATURE	219	19.	DEGREE	NDING _ M	to	FF 2	the couses stated ATE SIGNED
TO HOSPITAL retained by the Should be det with the Store IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OF Allen He	ett lem	un	22e ADDRESS	aj lo	tospita	l	
99989	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2-14-83		ME OF CEMETERY OR CREA Sa Cemetery	MATORY 2	3d LOCATION CITY OF TOWN Mesa,	Arizona	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR ICK Towson Fune:	ral Home,	AODRESS 1	.050 York Rd.	1 1 1 1 1		25h AEGISTRAR'S'SIGI	Cahull



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. TO STATE OF BEATH REG. NO. TO STATE OF BEATH REG. NO. CLARENCE H. RIDER 1. SEX I. RACE S. DATE OF BEATH White White White White White Whate S. DATE OF BEATH MARKED DEVER MARRIED NO. To MORN OF DEATH Baltimore (ITY OF NOWN OF NOWN OF DEATH Baltimore (ITY OF NOWN OF NOWN OF DEATH Baltimore (ITY OF NOWN OF NOWN OF DEATH Baltimore (ITY OF NOWN OF NOWN OF DEATH Baltimore (ITY OF NOWN OF NOWN OF DEATH BALTIMORE CITY DIMITS (ITY OF NOWN OF NOWN OF DEATH BALTIMORE CITY DIMITS (ITY OF NOWN OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMORE (ITY OF NOWN OF DEATH BALTIMOR
1. DECRASED NAME (TYPE OF RENT) CLARENCE H. RIDER 3. SEX 4. RACE White White June 18, 1903 79 YES 79 YES 79 YES 70
CLARENCE H. RIDER 3. SEX 4. RACE 5. DATE OF BIRTH MONTH MONTH JUNE 18, 1903 79 YRS. 79 YRS. 79 YRS. 8. AGE (IN YEARS LAST BIRTHOAY) TOWN ON THE DAY YRS. 79 YRS. 79 YRS. 9. BALTIMORE CITY OR COUNTRY OF DEATH WIDOWED DIVORCED LISUAL OCCUPATION (IF NOT IN SUCH FACKITY, GIVE STREET ADDRESS) WILLIAM RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION STREET ADDRESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BESIDENCE BEFORE ADMISSION) 130. STATE LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BESIDENCE BEFORE ADMISSION) 130. STATE LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BUSINESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BUSINESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BUSINESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BUSINESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME POSITION (IT NO TOWN BAILT) 130. STATE LISUAL RESIDENCE IF PUBLISHON HOME OR OTHER INSTITUTION OF BUSINESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME POSITION OF BUSINESS WARYLAND LISUAL RESIDENCE IF PUBLISHON HOME POSITION OF BUSINESS WARYLAND LISUAL RESIDENCE OF BUSINESS THE PUBLISHON HOME OF COUNTY OF BUSINESS WARYLAND LISUAL RESIDENCE OF WORKERG LIFE 181 STATES WARYLAND LISUAL RESIDENCE OF WORKERG LIFE 182 STREET ADDRESS 625 E. 37th St., 21218 LISUAL RESIDENCE OF WORKERG LIFE 183 STATES WARYLAND RESIDENCE PART L DEATH WAS CAUSED BY LISUAL RESIDENCE OF COUNTY OF COUNT
A SEX 4. RACE S. DATE OF BIRTH VEAR
Male White June 18, 1903 79 YRS. The control of the control of
76. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED
Maryland USA WIDOWED DWORCED Baltimore City
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 178 KIND OF BUSINES 179 WORK FOR MOST OF WORKING LIFE 179 WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE 179 WORK FOR MOST OF WORKING LIFE 179 WORK FOR MOST OF WORKING LIFE 179 WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE 179 WORK FOR MOST OF
LISUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 625 E. 37th St., 21218 Maryland Baltimore YES NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME NO 625 E. 37th St., 21218 If FATHER'S NAME N
Maryland Baltimore YES NO 625 E. 37th St., 21218 14 FATHER'S NAME FIRST William Reuter Margaret Margaret Manuscomple First
William Reuter Margaret Ann Ortlip 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and IC. PART I. DEATH WAS CAUSED BY: Use To, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART LIGHT
William Reuter Margaret Ann Ortlip Margaret Ann Ortlip Margar
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215 10 3764 Mrs. Ada M. Rider, Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ICE. PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Light Control of the control of th
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause lost PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CC. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
DUE TO, OR AS A CONSEQUENCE OF underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Adult Onex Diabets Mellins Under Significant Condition For Which Operation was Performed 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
Hauf Oney Diabets Mellins Hyperension 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 196 CAUSES OF DEATH
YES NO X
B
LATHOME STREET EACTORY OFFICE FACTORY OFFICE STATE STREET
WHILE NOT WHILE AT WORK AT WORK
270.1 certify that the (this hospital) attended the deceased from 12-25 82 19 , to 205 83, 19 , that the deceased along an
sow the deceosed olive on obove, (I) (and (did) (did) view the body offer death.
22b. SIGNATURE DEGREE 22c. DATE SIGNED
Camal Lyal-Dottes ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DPHYSICIAN 2/5/83
27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS
PHYSICIAN DIRECTOR DEPHYSICIAN
230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
230 BORIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
(SPECIEY)

106T (117 Th 2007) and (117 th 2007) ni: Jun 1, 1 VIII we illusticate the contract of the contra United Libertoni, 1 and a single r/1: 1'i o. - 1'i o. illi n illi Eurial 2015 St. John & Evancation, Last Alm, Henry January Co.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

(VRA 15, 4)

STATE OF MARYLAND

VII HOD GOOD			
LIPPERS CLUS TO SERVICE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30 F 30 F 30 F 30 F	
	No. 15 -Die	POTENTIAL PROPERTY.	A STATE OF THE STA
Yang bering			California Per II.
and the same of the control of	endere enafie	of Them.	TARRETT STATE
er , weter te see i d'i de l'il			
Particol	du la tanta l'un		
	die an		
	14.6		
1000 / 1000		All a TRIBLE	Mark I
	NAMES OF THE PARTY.		AND AND DAY
DESCRIPTION OF SECURITION OF S			2000
115183 Jan 2 and			

STATE OF MARYLAND

OPT 21 DAKE TO RESIDE iji. 0.10 loast accs Ruspinatory tailare Margarian last conservamenta acciones I a constitute area of the second of the second of the second of the second The state of the s TELL OLD IN iv character at the sich ito el is e el es esta de la company injury, or other troumatic event, th

MPORTANT: If Item 21 is marked or Item 18 shaws

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPAR		ICATE OF I	MENTAL HYG DEATH	IENE 8	S REG. NO.	0 4	4 1	9	4
	CEASED NAME	FIRST	WIDDLE	ι	AST	7.70	20. DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR	
(III)	OR PRINT)	EVELYN	R.	RI	ES		7.5	0:	2 20	83		P
3. SE.	Х	4. RACE		S. DATE C			6. AGE (IN YE	ARS LAST BIRTHDA	Y) IF UNI	DERIYEAR	IF UNDER 2	4 HRS
E	FEMALE	T.	HITE	MONTH 4	12	13	69		YRS.	S DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 76. CITIZE	N OF WHAT COUNTR	Y? 8.	D NEVER	AARRIED 🗆	9. BALTIMOR	E CITY OR CO	DUNTY OF E	EATH		
	laryland	U	S.A.	WIDOWE		VORCED [BALT	IMORE	CITY			MD.
	ITY OR TOWN OF DEA		AE OF HOSPITAL, NUR DY INSUCH FACILITY, GIVE STR 2108 PARK	EET ADDRESS)		NOITUTION	TYPE OF WORK	CCUPATION FOR MOST OF WO TVISOT	RKING LIFE) IN	B. KIND OF IDUSTRYN SCUIT	ation	s or na 1
Ma Ma	AL RESIDENCE (IF NURS STATE Iryland	ING HOME OR OTHER INST	13 CITY OF TO Baltim	ORE ADMISSION) OWN OTE	13d INSIDE C	ITY LIMITS?	130 STREET A	DDRESS Parksle	ey Ave	nue	21230)
14. FA	Thomas	A.	Cramb	litt		MAIDEN NAM Louisa	ME	MIDDLE		Bi.	ederl	oock
16a V	WAS DECEASED EVER	IN U.S. ARMED FOR (IF YES, GIVE WAR OR D			17. INFORMA	11 C. C	rambli	ADDRESS tt 5403	3 01d 1			
z	Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	TO, OR AS A CONSECTION, OR	DUENCE OF	ロをから		CV	P		10	, yr	<u></u>
CERTIFICATION	19a. DATE OF OPERA	TION 196.	CONDITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOI	PSY? 201	D. IF YES, WE CERTIFYING YES	RE FINDING	GS USED OF DEATH	1?
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH HO	TIME OF INJURY UR A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNAT	URE OF INJURY IN	ITEM 18 PART I C	OR PART 2)		
MEC	21d. INJURY OCCURE WHILE AT WORK AT WOR	ILE (ATH	PLACE OF INJURY OME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	STREET			CITY OR FOWN		YINUO	51	ATE
	saw the decease		ded the deceased fram 15 19 e bady after death.	83 , or	DEGREE	(aur) apinian (.,
	226 PHYSICIAN'S NA	AME (TYPE OR PRINT)	Keen	m n			MEDICAL DIRECTOR [PHYSICIAN		2/2	1/8	3_
-		KLEIMAN				EDMOND						
23a. E	BURIAL, CREMATION,	REMOVAL 236. DA	ATE 23	C NAME OF C	EMETERY OR	CREMATORY	23d. LOCA1	TION				

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR

(SPECIFY)

Buria1

2/24/83

LOUDON PARK

23d. LOCATION
CITY OF TOWN
BALTIMORE CITY *FEB 23

MARYLAND

21229 ADDRESS

WILKENS AVE. 4107 HUBBARD FUNERAL HOME, INC.

	2.		30 8 8 9
The section			 THE EXA
anold Him all designation			28 MATE 191
DESTE COMMON NO SERVICE			
A RESTA		21278140	FR00.7
e personal transfer and service	en .9 Heur	E201-13-1	
	NAME OF BUILDING	Acres 18	
THE THE THE STATE OF	NAME OF BUILDING	Acres 18	
THE THE PARTY OF THE SAME S	NAME OF BUILDING	Acres 18	
THE THE PARTY OF THE SAME S			

71298

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR

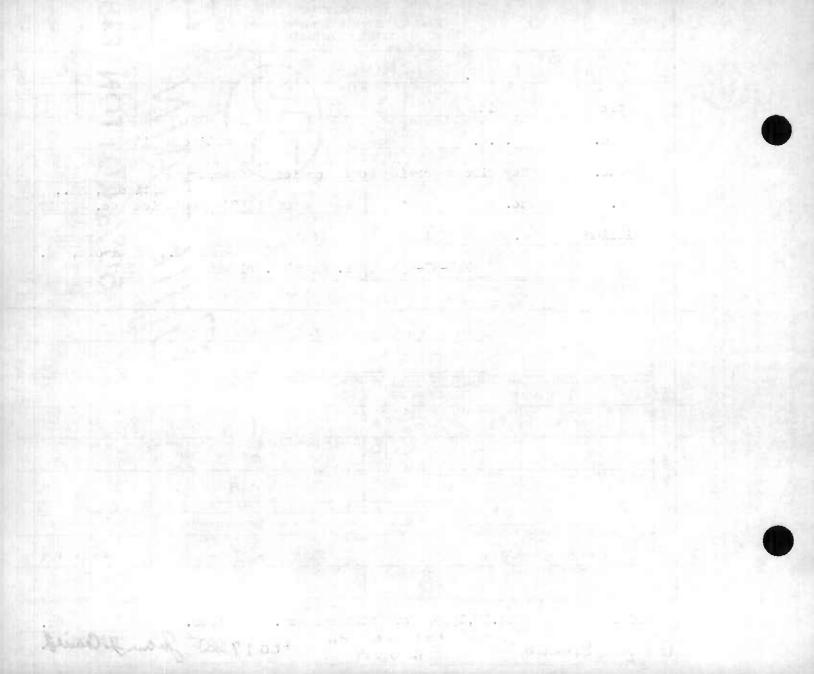
REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

Truman Schwab



moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIN	ICATE OF DEATH	REG. NO	O.		
	CEASED NAME FIRST	-	D .	RA	YMANA,	2a DATE OF DEATH	MONTH	9 /983	2b. HOUR 7.'35A
3. SE	X	4. RACE		3. B.KiE	Se Bakthi / / / / /	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	9	Nov	15,1911 YEAR	71	YRS.	MONTHS DAYS	HOURS MIN.
(Special	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	what country A .	? 8. MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimor			M
	ITY OR TOWN OF DEATH Baltimobe	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE Anntana	T ADDRESS)	dr other institution	120 USUAL OCCUPATI		A COMPANIES OF THE PARTY OF THE	Office
13a.	AL RESIDENCE (IF NURSING HOME) STATE 13b. COL		131. CITY OR TOV Baltimo	WN	13d. INSIDE CITY LIMITS? YES NO	134 27855 Annta	na Av	e :	21206
14 F.	ATHER'S NAME FIRST Frank	MIDDLE	Riggs		15. MOTHER'S MAIDEN NA Emina	ME MIDDLE		Davis LA	51
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES W	RMED FORCES? BIVE WAR OR DATES!	16b. SOCIAL SEC 216-09		17. INFORMANT Mrs Frances	ADDRE E Riggs	SS	Same	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDI	SED BY. ATE CAUSE (0)	CARDIOA RAS A CONSEQU	ESPII	RATORY KRA			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O (c)	CARDIOA R AS A CONSEQU R AS A CONSEQU	JENCE OF	CA OF THE	HE LUN			
NO	PART I. DEATH WAS CAUS 162 Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, O DUE TO, O DUE TO, O (c)	CARDIOA R AS A CONSEQU R AS A CONSEQU	JENCE OF	CA OF THE	HE LUN			
TIFICATION	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O CC T CONDITIONS CC	R AS A CONSEQUENCE OF A	VESP// UENCE OF UENCE OF	CA OF THE	HE LUN	20b. IF YES		o NGS USED
CAL CERTIFICATION	PART I. DEATH WAS CAUS 1629 Conditions, if ony, which gove rise to immediate couse (o), stotning the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O (b) DUE TO, O (c) T CONDITIONS CO 196 COND DEATH 216 TIME C HOUR A.	R AS A CONSEQUENT OF INJURY M. MONTH E	VESP// UENCE OF UENCE OF	CA OF 7	THE LUN INAL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	o NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediote couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, O (c) T CONDITIONS CO 19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE	R AS A CONSEQUENCE OF INJURY M. MONTH E	JENCE OF JENCE OF DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	THE LUN INAL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YES IN CERTIFYE	S, WERE FINDING CAUSES	o NGS USED OF DEATH?
	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN	DUE TO, O (b) DUE TO, O (c) T CONDITIONS CO	R AS A CONSEQUENCE OF INJURY M. MONTH E M. OF INJURY MET, FACTORY, OFFICE THE deceased from, The deceased from, The deceased from the dec	JENCE OF JENCE OF DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR!	INAL DISEASE OR CONI 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TO	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDIN YING CAUSES S COUNTY	ONGS USED OF DEATH? NO STATE

231. NAME OF CEMETERY OR CREMATORY Parkwood

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony

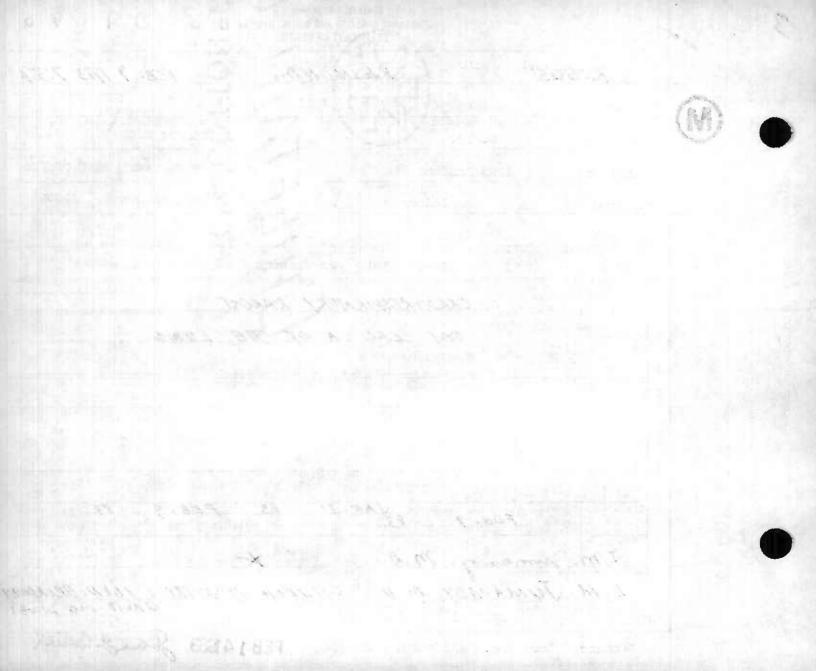
24 FUNERAL DIRECTOR Lebnard J Ruck Inc. Baltimore, Maryland

23b. DATE 2/11/83

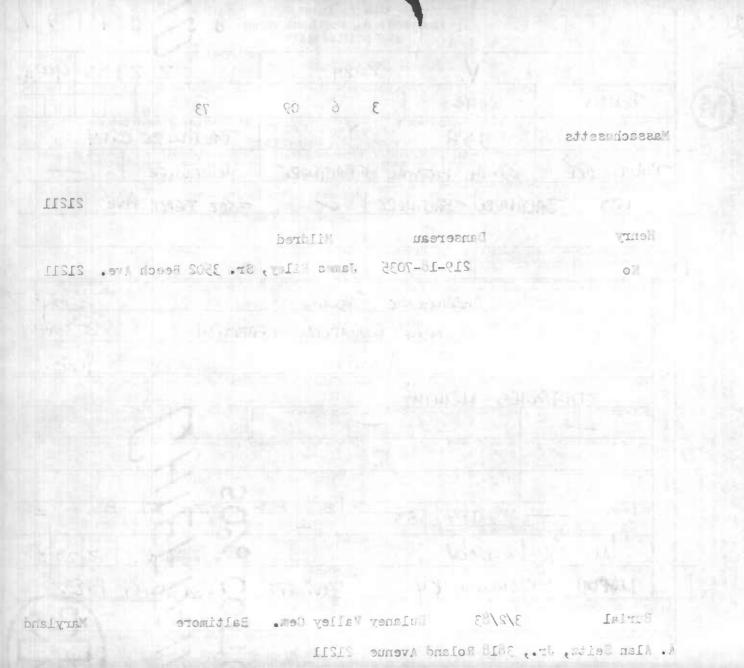
230. BURIAL, CREMATION, REMOVAL BULLAL

23d LOCATION CITY OF TOWN
Baltimiore, Maryland

BKU10 · mp



X		1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARTLAND SEALTH AND MENTAL HYG SCATE OF DEATH	REG. NO.	14197
noy be .			CEASED NAME FIRST ELY	14 RACE		AST LEY DE BIRTH	20. DATE OF DEATH MONTH Z Z 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR COMMINION OF THE PROPERTY OF
M) 35			TEMALE	WHITE	MONTH		73 YRS.	MONTHS DAYS HOURS MIN.
death. P	8	Ma	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	DI DIVORCED	BALTIMORE CITY OR COUNTY	CITY MO.
us offer by the i	12	T	HUILLORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET CALL HOSPIT	ADDRESSI BY		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF, WORKING LIF HOUSEW) FE	12b. KIND OF BUSINESS OR INDUSTRY
hin 24 hou sly filled in should be	35	13a. :	STATE WID 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY TIME THE TRACE THE TR	N	13d INSIDE CITY LIMITS? YES NO [2300 10101	TVE 21211
omplete	20		ATHER'S NAME Henry	Dansereau LAST		15. MOTHER'S MAIDEN NAME FIRST MILDRED	WIDDIE	LAST
be execution and construction and construction on the construction of the construction	1		N•	ve war or dates) 219-18-7	7035	James Riley,	Sr. 3502 Beech	
physici proper proper provent, th				nly one couse per line for (a), (b), on ED BY: TE CAUSE (a) CHEDIOGEN	dien (SHOCK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 DAYS
death cer attending nove carbo otion, or re troumatic			4100 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENICE OF	locatoial inf	PARCTION	20 DAY3
that the d by the dease remain, crema			gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NA 850	W.		YEARS
squires r signe Then p to bur njury.		NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO P	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
The low reicion. The hos beer is permit. Grene prior	2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO		YES NO YE	
SICIAN: 1g physical certifical riol-transfer is the second by the secon	9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
DING PHYS or attending After this e os the bu olth and Me	1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN pital TOR: for us of He				ital) attended the deceased from 2 2 198	3 . on	d that in (my) (our) opinion ($\frac{2}{2}$, to $\frac{2}{2}$, to $\frac{2}{2}$, death occurred on the date and house	19_85, that (I) (we) lost r and from the couses stated
TAL OR A y the hos RAL DIREC detached rote Dept.			226. SIGNATURE AU	chowiecky		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 23
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoined in the Stote Elimborian).			1220 PHYSICIAN'S NAME (TYPE	NCHOWIECKY		PROVEDERS	& GREENSAPING	AUE.
BP		(Burial, cremation, removal	4 44		Valley Cem.	23d LOCATION CITYORTOWN Baltimore	COUNTY Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)			INERAL DIRECTOR Alan Seitz, Jr	., 3818 Rolandes A	venue	21211 MAR	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE



1721 N. MONROE ST.

FOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER I YEAR

INDUSTRY

THOMAS

COUNTY

83

26 HOUR

HÖURS

12h KIND OF BUSINESS OR

21213

APPROXIMATE INTERVAL

NO [

MARYLAND

STATE

IF UNDER 24 HRS

C. S. Jackson missorbour etimotests

SERVICE SERVICE

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

moy be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. 1	VO.		
(TYPE		Eugene	INE	R.	Ri	TT.	Ritt	20 DATE OF DEATH	MONTH 198	3	2.58 A
Ma.	le M.		RACE Caucasi				YEAR	6 AGE (IN YEARS LAST B	YRS	MONTHS DAYS	HOURS MIN.
M	RITHPLACE ISTATE OF		76. CITIZEN OF V		WIDOWE	D D	MARRIED	Baltimorecity Baltim	ore C	ity	MD
В	altimore	9	North	r Chair	URSING HOME C STREET ADDRESS GE		spital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Chauffe	OF WORKING LI	FE) INDUSTRY	msters
13a. S M	AL RESIDENCE (IF NU STATE Id ATHER'S NAME	13b. COUN	TY	13c. CITY OR	imore	13d. INSIDE (YES 15. MOTHER	NO [ners		21205
E	lugene	Ritt	NIDDLE	LAS		Eva	FIRST Cor	nklin MIDDLE		1A	.51
	WAS DECEASED EVE YES NO OR UNKNOWN) YES		WAR OR DATES)		5ECURITY NO.	17. INFORM		tt 1043		21205 ers L	ane
7	Conditions, if on gove rise to it couse (a), statumetrlying cau	y, which nmediate ting the se last	DUE TO, OR DUE TO, OR DUE TO, OR (c)	R AS A CONS	EQUENCE OF	7	TO THE TERM	MG BRDA	ACHO NDITION GIV	BIL SWEUN VEN IN PART IN	
CERTIFICATION	Ocual 19a. DATE OF OPER	might i	196 CONDI	TION FOR W	HICH OPERATION	N WAS PERFO		200 AUTOPSY? YES NOW	20b. IF YES	WERE FINDS	INGS USED S OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS U OR CONTRIBUTING [CAUSE OF DEAT DICAL EXAMINER) RRED	P.A 21e. PLACE C	A. MONTH	DAY YEAR 19	21c. HOW IN		ED (ENTER NATURE OF INJ		PART OR PART 2)	STATE
2	22a I certify that (l) (this hospitalised alive an _	ol) ottended the	deceased fr	om_211	d that in (my	19 83	to 2118	date and have	1983	that (I) (we) last
	above, (I) (we) 27b SIGNATURE	(did) (did not	Ans &	MD		DEGREE	ATTENDING _	MEDICAL STA	AFF	22c. DATE	SIGNED 8183
	22d. PHYSICIAN'S N	ANT J	A A			22e. ADDRES		1111	no, 1	21218	2
(BURIAL, CREMATION		23b DATE 2-22-		234 NAME OF C			23d LOCATION Balti	more,	'Ma'.	STATE
	UNERAL DIRECTOR Chamunel 331 Bro		eral Ho			21	FEB	2298	736. REGIST	RAPS SIGNA	JURE A

Brehms Lane, Baltimore,

* * -CONTRACTOR OF THE PROPERTY OF ALLEY SEARCH CONTRACTOR

51.70 E0X30.70					III De la company	
		pici		1	13 till	of mail
Trape Sec.			26		AZ I	Haryland
Clerxrvor. Co		1000			SEED EN	
3. 40 Strent 21274	i-c				miomijfun	mry land
1130m		abnee		gn211	227	2-364
m Ool) Showit Avenue 1113	a. D. i.	14 1. 4	ALC:	BARR OF B	1_	

I r, l.iii

Janilli of

olter Nauro sel 1005 Dusdal: venus 1123

uri l

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

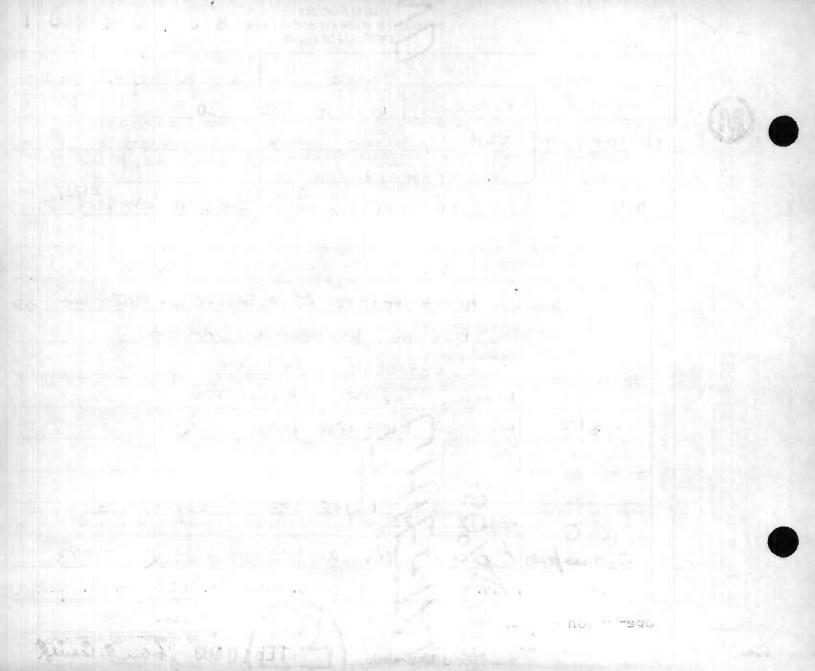
CERTIFICATE OF DEATH

REG. NO

- STATE

(VRA 15, 4)

REGISTRAR



4	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLANI TEALTH AND ME TICATE OF DEA	NTAL HYG	IENE 8 3	0	4 2	0 2
		CEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		LILLI		EVELYN		OBERTS			2 7	83	6:30 pm
	3 SE	Female	4 RACE W	hite	5. DATE O		16	6 AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) Tyland	U.S.A		MARRIE		RCED	9 BALTIMORE CITY	OR COUNTY		MD.
10	В	altimore	St. A	HOSPITAL, NURSIN HEACHITY, GIVE STREET gnes Hosp	ital	OR OTHER INSTITU	NOIT	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE	12b, KIND O INDUSTRY	DF BUSINESS OR
35	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	OTHER INSTITUTION NTY	13c CITY OR TOW Baltimo	N	134 INSIDECITY	LIMITS?	13e. STREET ADDRESS 408 S. Be	ntàlou	Street	21223
211	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S M		WE			
\$00	8	Weightell	MIDDLE	White		Li1		MIDDLE		Ore	m
ledicol		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES. GIN	MED FORCES?	16h SOCIAL SECU 220-09-5		17 INFORMANT		ADDI			
ii iiem z i is marked or iiem to snows ony injury, or amer traumant event, me	MEDICAL CERTIFICATION	18 CAUSE OF DEATH lEnter or PARTI. DEATH WAS CAUSE 1560 IMMEDIA. Conditions, if ony, which gove rise to immediate cause lost in stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF	D BY: TE CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) TONDITIONS CC TONDITIONICAL TONDITIONS CC TONDITIONS CC TONDITIONS CC TONDITIONS C	Inne for rol, (b), one R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION FOR WHICH TION TO THE TO	DEATH BUT OPERATIO AY YEAR 196 ARM EIC)	NOT RELATED TO N WAS PERFORM PILL LOCATION STREET Ad that in (19) DEGREE	THE TERMI	INAL DISEASE OR COM 200 AUTOPSY? YES NOW CITY OR TO CITY OR TO MEDICAL STA	NDITION GIVE 196. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	N IN PART 11c	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH OF DEATH? NO STATE that (1) (we) last couses stated
Total All All All All All All All All All A		27d PHYSICIAN'S NAME ITYPE OF MCHAEL		Macon	u w		SICIAN E	DIRECTOR PHYSI		12/7 mo 2	183
2		BURIAL, CREMATION, REMOVAL	236 DATE	23c N	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION			
		Burial	2/11/8	3 Mt.	01iv	et Cemet		Baltimo		Ma	ryland
31		JNERAL DIRECTOR NAME bbard Funeral F	lome. In	c. 4107 W	Vilker	21229 as Ave.	FEB	REC'D. BY REGISTRAN	To an	2. Car	welf
									Y	<u> </u>	

DHMH - 16 50M 1/8 (VRA 15, 4)

BP.

of the second and arms. The last the second Mile protested (1987) a reserve of the transfer of I suspecialize guillat white his secure was a subtile the 25 comments, which is a first of the # T 5 CE 6 CALCO TO THE COMPANY OF THE STATE OF THE AND THE SERVICE OF PERSONS OF THE PROPERTY AND PROPERTY. Literation of the letter of A STATE OF THE STA #17 FilmG577 3/4/83

FOR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

212 EAST BELVEDERE AVE. 21212 ARNETTE ELIZABETH ANN 212 E. BELVEDERE AVE. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 2-28-83 DIRECTOR | PHYSICIAN (SPECIFY) PIKESVILLE BALTIMORE MD FEB. 25.1983 DRUID RIDGE CEM. BURIAL 14 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

DRUG CO.

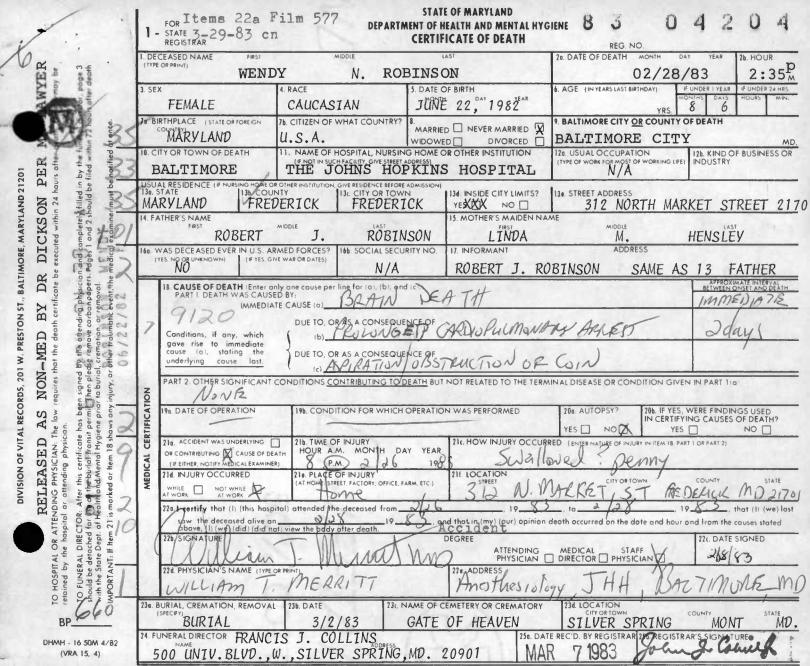
IF UNDER 24 HRS

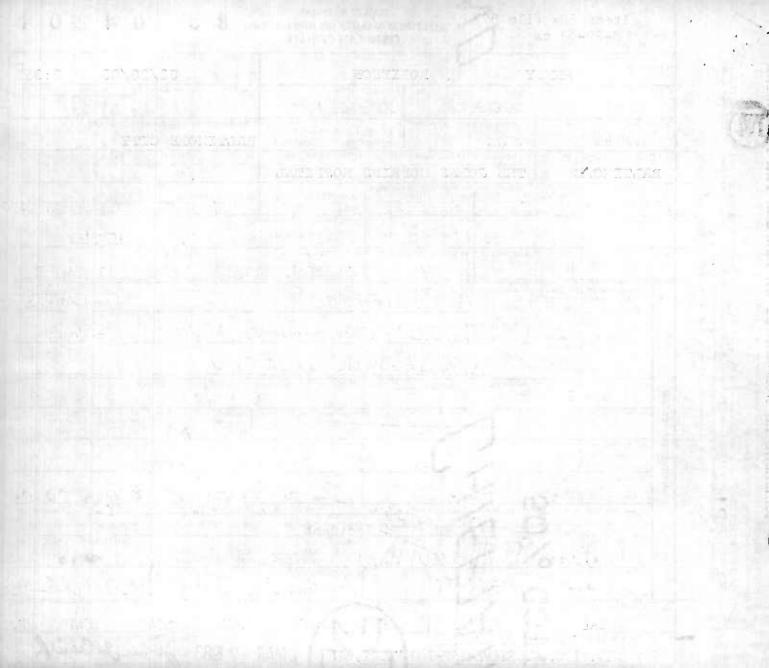
22,1983

IF UNDER 1 YEAR

	NO 3	,		12-	
1975 198	ander die o			5 Alverta	
Marie Wales					
MINISTER BALL			AND AND SERVICE	5 5 5	
u babitila est	pasen iku	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	100				

OF STATE





2/	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE Ö Ö	042	. 0 3
9		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
eo the	(TYPI	Clau Clau	de Charles	Reddy		2 9 83	3:02F
offer de	3. SE	MALE	4. RACE WHITE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
770		IRTHPLACE (STATE OR FOREIGN COUNTRY) TENN.	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OF		TY "
1	10 C	ALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) 126. KIND C	OF BUSINESS OF
BS		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	NTY 13c. CITY OR TOV	E ADMISSION)	13e STREET ADDRESS 307 S.	PUZASKI	21223 ST.
300	14 F.	JOHN	MIDDLE ROD	DOR A	DAY	LA:	ST
medicol	16a		/E WAR OR DATES)		SCOTT SA	AME AS #	13
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), o ED BY: TE CAUSE (0) Respiration			BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
roumatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF			2 when
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ACE OF		2	mths
ijury, ar	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH OUT NOT RELATED TO THE TER	minal disease or cond	ITION GIVEN IN PART 1	10,
shows ony ir	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	
or them 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	PAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
morked ar It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
21 is mo			atolication of the deceased from the state of the state o	1-13-83 , 19-83 83 , and that in (my) (our) opinio			, that (I) (we) lose couses stated
T. If them		226 SIGNATURE Philip	M Lam	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	9-83
IMPORTANT		22d. PHYSICIAN'S NAME TYPE	PHILIP M LAM	ST. AGNES H	OSPITAL, BAL	TIMORE, MD	21229.
¥	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c W	NAME OF CEMETERY OR CREMATORY ESTUIEW MEM. PK	BALTIMO	ORE CITY,	md.
OM 4/82	24. F	UNERAL DIRECTOR	BADDRESS	0, mb. 21226 250. D.	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	Capital

Claude Sharles Faddus NE 12 11 21 371HW ALTO BRITADIORE CITY BALTIMENE ST. AGUEST HESPITAL RITIED FAMILY DESTRUMB - GALTHAUS X 307 S PULASKI ST YAG AXIE YEJOX IE PER SARETYMENT DARLY SCOTT SAME AS "13 There are the second 2 S. C. A. C. S. C MATERIAL SALAMAN SALAMAN SALAMAN SALAMAN SALAMAN TILLING BURNAL 2-19:33 LEVILLE MEM BY BALTIMORE ONE, MICH BALLYOU IND 21326 THE THE SECTION OF TH THE USER FUNDAL HEAVES WAVE FREMINGTOWNED AND

	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 4 2 0 6
		CEASED NAME FIRST OR PRINT) Rodingues	Raid E.	Rodriquez	20. DATE OF DEATH MONTH	23 83 10 PM
	3. SE)	M	Hispanie	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS. 43
5		COUNTRY U. S Md	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORECITY OR COU Baltimore	City MD.
8	T	Balt. City		anyland Hospital	126, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	INDUSTRY
5	13a. S	TATE Md 186 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE IN THE TOWN	YES NO	130. STREET ADDRESS 346 E. Univer	sily Pkwy 21218
C	14. F.A	Facie "	P Rodrige	15. MOTHER'S MAIDEN NAMED IN MAINTENAMED IN MAINTEN	MIDDLE	Recenos
		VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (1F YES, GIVE	NED FORCES? 166 SOCIAL SECUR	RITY NO. 17, INFORMANT	ADDRESS	
		PART I. DEATH WAS CAUSED MMEDIATE	DUE TO, OR AS A CONSEQUE	spiradory acrest NCEOF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NOI	Pown's Synds	6 ()	enital heart delect		I GIVEN IN PART 110
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	PPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITE	N 18 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	oil) ottended the deceosed from 23 February 19 8 view the body after death.	and that in (my) (our) apinion	, 10	hour and from the causes stated
		Welliam &	a. Bankey no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED 2/23/83
		22d. PHYSICIAN'S NAME (THE COR	Pankey, M.D.	Voir. of Md	. Horo - Doot	of Pediatrics

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

238. BURIAL, CREMATION, REMOVAL (SPECIFY)

Removal

Anatomy Board

23b. DATE

3/3/83

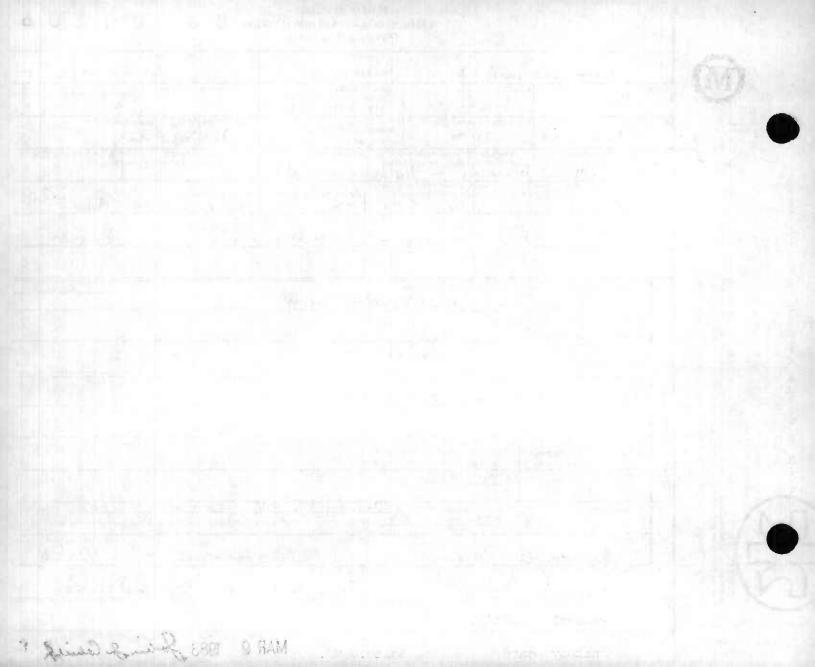
ADDRESS

Balto., Md.

231. NAME OF CEMETERY OR CREMATORY

COUNTY STATE

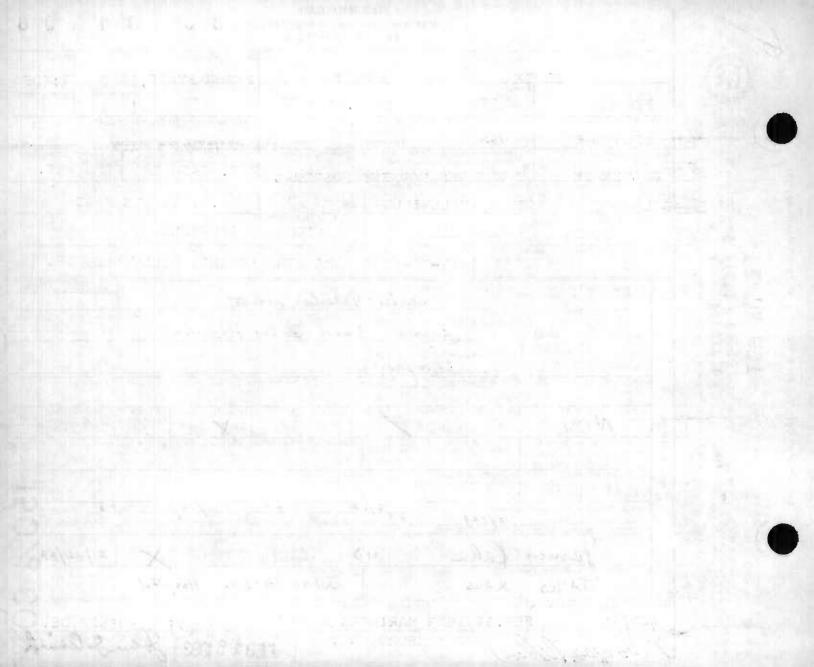
23d. LOCATION CITY OR TOWN



DIVISION OF VITAL RECORDS,

A supplied the supplied the same of the sa A STATE OF THE STA THE RESERVE AND ASSESSED ASSESSED.

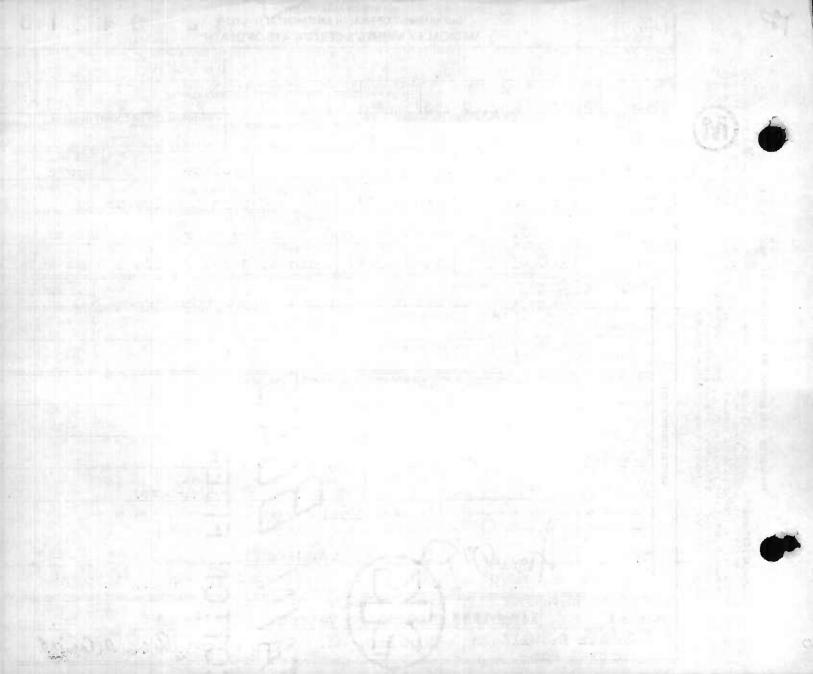
(VRA 15, 4)



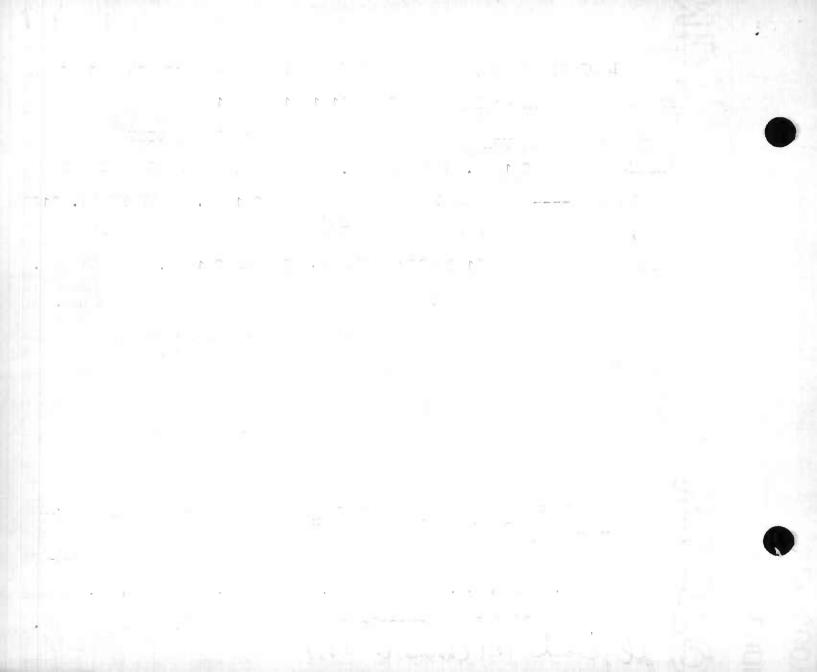
2.00					21 A	TE OF MARYLAND				2 2 2
	1 -	FOR STATE				HEALTH AND MENTAL HYG	IENE & S	1) 4 2	2 0 4
		REGISTRAR			CERTI	LAST	REG. NO			
me 9		CEASED NAME OR PRINT)	FIRST	WIDDLE		LASI	2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
			ABRII	EL. P.		OOKS	FEBRUARY		1983	04:40
(MA)	3. SEX		4. R.	ACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	[HDAY]	MONTHS DAYS	HOURS MIN.
	1	male		black	S			YRS.	5	
3 4		RTHPLACE (STATE OR FOR	EIGN 76. C	ITIZEN OF WHAT CO	OUNTRY? 8.	IED - NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
3		Md		USA	WIDOV		BALTIMO	RE C	ITY	M
Ped	10. CI	TY OR TOWN OF DEATH		NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINESS OR
83	D 7	TTTMORE	// .			NS HOSPITAL	(TYPE OF WORK FOR MOST O	F WORKING (II	(E) INDUSTRI	
pe		L RESIDENCE (IF NURSING		R INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION	4)				
2	130. 5	Md	LOUNTY		imore	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	ith s	Street	21218
e e e e e e e e e e e e e e e e e e e	14 FA	THER'S NAME	-	parc	THOLE	15. MOTHER'S MAIDEN NA		II CII L	oct eec	
2500	П	FIRST	MIDDI		LAST	FIRST	MIDDLE		LAS	oren 1 d
3 0		anklin VAS DECEASED EVER IN	E.		ROOKS	DeAngela 17. INFORMANT	ADDRE	SS	Fitzg	eraro
medico		ES, NO OR UNKNOWN)	IF YES, GIVE WA	R OR DATES)					maille C	hanah
E		No		IN,	/A	DeAngela Fitz	gerald 1900	Also	all the second s	The second secon
4.7		18 CAUSE OF DEATH	CALISED BY						BETWEEN	ONSET AND DEATH
ever	-	IN IN	AMEDIATE CA	AUSE (a) CAPE	DIO PULM.	OMPRY ARRES.	T		20	minutes
on, or umofic		1190		DUE TO, OR AS A CO	ONSEQUENCE OF					
fron oum		Canditians, if any, w		(b) RZA	DYCARDIA				~40	minutes
or other tra			the	DUE TO, OR AS A CO	ONSEQUENCE OF					
r oth		underlying cause	last.	10 SEIZU	RES				•	
						T NOT RELATED TO THE TERM		DITION GIV	EN IN PART 1	0.
injury,	O	BRONCHOPUL	LMONAF	17 OYJPLASIT	A, ANOXIC	ENCEPHALOPATH	7			
ony ony	CERTIFICATION	19a. DATE OF OPERATIO	N	196 CONDITION FO	R WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
Hygiene 18 shows	TIE						YES NO		s 🗆	NO 🗆
8 2	CER	210. ACCIDENT WAS UNDER		216. TIME OF INJURY HOUR A.M. MOI		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18	PART 1 OR PART 2)	
Application of the last of the	A	OR CONTRIBUTING CAL		P.M.	NIH DAT TEAT					
morked or Item	MEDICAL	21d INJURY OCCURRED		210 PLACE OF INJUR	lY.	211 LOCATION	CITY OR TO	Whi	COUNTY	STATE
be y	Z	WHILE NOT WHILE		(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	SINCE	CITORIO		COUNTY	SIMIC
more		22a I certify that (IV (th	nis haspital)	attended the decease	ed fram 9/	15 19 82	to 2/25		19.23	that (I) (we) las
21 is		saw the deceased	alive an	2/25	19 83	and that in (my) (aur) apinian	death accurred on the de			
Hem :	17	22b. SIGNATURE) (did not) vie	w the body after dea	In.	DEGREE			22c. DATE	SIGNED
te Do		1 1	0	1		ATTENDING	MEDICAL STAL	F	2/2	25/83
Stot		22d PHYSICIAN'S NAM		reperson	, 14 D.	22e ADDRESS				
						THE JOHN HO	oking Holl	714 2	PACTIMON	90
DRT.		HMOREA	ZUCK	ERMAN						
MPORT										
With the State	23a. B	URIAL, CREMATION, RE	MOVAL 2	2/28/83		CEMETERY OR CREMATORY EW Memorial Pk	Baltimore		COUNTY	Ma

43 30 mg -· in - - -2000 4 44.55

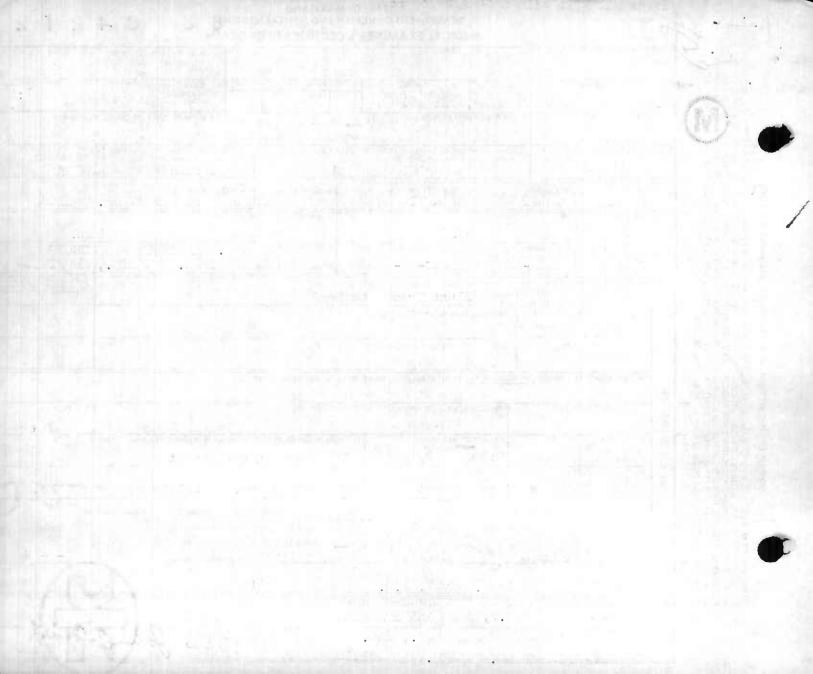
(0)	1							ARYLAND				416	3 424	1	24
TP	1-	FOR STATE REGISTRAR						AND MEN			S REG.	0 4	1 2		U
	1. DEC	EASED NAME	FIRST		WIDDLE		t	AST		20 DAT	E KNOWN		DAY	YF AR 2	h HOUR
20年20日	(TYP	OR PRINT)	ROBERT		P.		ROI	PEL		Or	H MATED	_		83	M
A 25 T 2 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3	1. SEX	4. R/		5. DATE OF BIRTH	6.	AGE (IN YEARS	IF UND		UNDER 24 H		TE	MONTH		YEAR	3:20
A DO DE		THE PERSON NAMED IN	nite	Nov.27	1936	46 RS.	MONTHS	DATS HO	DURS MIN	DE	AD	2		82	a M
1 (M)		RTHPLACE (STATE O	DR .	76. CITIZEN OF WI	IAT COUNTRY	? 8.	MARRIE	D NEVER	MARRIED	9 BALT	IMORE CITY	OR COUN	NTY OF DE	ATH	
		ennsylva		USA			VIDOWE		OIVORCED	Bal	timore	e Cit	Y 12b. KIND	OS BUIET	MD.
FELAVIII TO THE SE FREE SE FREE	B	altimore	/	1). NAME OF HOS (IF NOT IN SUCH FA	CHITY, GIVE STREE	spital		RINSTITUTIO	N 120	FOR MOST OF W	CUPATION (1 VORKING LIFE)	TYPE OF WORK	GOV	DUSTRY	NESS
TANY DAY DAY DAY DAY DAY DAY DAY DAY DAY DA	[3a. 5]	RESIDENCE (# P ryland	THE COUNT	eorge	13c. CITY OR			3d. INSIDE CITY L		STREET ADD	RESS Orrin	ng Dr	ive	2073	35
M HAZ	14. FA	THER'S NAME		MIDDLE J.	LAS			15. MOTHER'S FIRST			WIDDIE		LAS	ī	
AN PASSA	14 - 14	John AS DECEASED EVI			Rope.	L SECURITY N	10	F1c	orenc	e I	rene		Kris	an	
SAFTER GIVE PA BAGGES VISION	(Y)	Yes		-1962		28-39		Ruth		opel			Same	as	#13
DS, 201 W. PRESTON ! GCUTED WITHIN 24 H KG" IN PENCIL IN ITEM AL EXAMINER ALON AND MENTAL HYGIRN AND MENTAL HYGIRN AND MENTAL HYGIRN AND MENTAL HYGIRN AND AND COR REMOVAL		Conditions, if gove rise to couse (o) stati lying cause la	ony, which immediate ing the under-	(b)	AS A CONSE	QUENCE OF					ied we	apon)			
DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE DIFC RETING THE WORD "PENDING" REDIVAL TO THE OHIE MEDICAL EDPARTMENT OF HEALTH AND OF PRICE AS BUT PRICE TO BURLAL. CREMATH	CERTIFICATION	19a. DATE OF OPE						AS PERFORME					20 AUT		
FVITAL E SHOU WORD " E CHEF INT OF H BURIAL	ERTI	210 EXTERNAL CA	USE WAS	21b. TIME OF	INJURY		21c HO	W INJURY OC	CURRED IS	NTER NATURE OF	INJURY IN ITEM	18 PART LOR P		R	NO 🗌
SION OF STIFICATE VG THE V SHOULD PARTMEI RIOP TO	MEDICAL C	UNDERLYING CONTRIBUTING	CAUSE OF DI	EATH XXX	X 2-8-	19 83		ject sl		CY.					
DIVIS WRITIN WRETIN WARDED AGE 3 5 ATE DE	MED	WHILE NO	WORK CX	STREET FACT	ORY, FARM, FTC.)		· ST		W. Pra	tt St			OUNTY		Md.
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORM TO PUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS		220. I certify the deoth resulted from ACTUAL SEGNATURE EXAMINER'S NAM (TYPE OR PRINT)	om: Mituro	at the remains des	Accident	held an], Suicid	M.	Homicide TITLE (SPEC	tant	MEDICAL EX	monner	DATE SIGN	Z-8	3-83 01	
544744	23a.Bi	JRIAL, CREMATION	, REMOVAL 23	b DATE	23c. NAA	AE OF CEME		CREMATORY	23	d LOCATION	7		YTAD	STAT	
BP	B	urial		4Feb198		ltenh	am '	Vetera	ans	Chelt	enhar	n	M	d.	
DHMH - 17 (VR A15 ME (5))	24 FI	NERAL DIRECTOR NAMIRODET Funer	t E. W		Sui	tland	, M	d. 250.	FEB	1 6 198	1 6 /	GISTRAR'S	SIGNATUR 2. Can	ind	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		/It	ems #10	3a-22a Fi	ilm G576 2	/23/	83 rSTA	TE OF	AARYLAND	1					
X	1	1	FOR		1	DEPART	MENT OF	HEALTH	AND MENTAL H	YGIEN	3	0	d !	2 1	2
1	1		STATE REGISTRAR						CERTIFICATE C		REG	NO.		4	-
	. 4		CEASED NAMI	E FIRST		MIDDLE			LAST	7g. DA	TE KNOWN		DAY	YEAR	2b. HOUR
	3448E	1146	E OR PRINT)	Bern	ard			Rose	ensweig	DE	F ESTI-	0 2	5	1983	
	취임 등 등 등	SEX		4 RACE	5. DATE OF BIRTH		6 AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER			MONTH	DAY	YEAR	2d HOUF
			LE .	WHITE	JULY 30, 1		A .	RS. MONT	HS DAYS HOURS	MIN PRON	OUNCED EAD	2	5	1983	7:17 7:17
1	BELLATE		RTHPLACE (ST	TATE OR	76 CITIZEN OF WE	HAT COU	NTRY?	8. MARR	IED X NEVER MARR	IED 9. BAI	TIMORE CIT	Y OR COUN	ITY OF	DEATH	
•	B S TO S	2	MARYL		USA		TO SELL	WIDOV			altimo		у,		ME
	る古の母の人	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			E, OR OTH	IER INSTITUTION	12a USUAL OC	CUPATION WORKING LIFE	(TYPE OF WORK		ND OF BUI	
	ASSET T		Baltim		Union M	lemor	ial Ho				RIETOR			DWARE	
5	ZOENOZI	13a. S	TATE	113h COUN	OR OTHER INSTITUTION, GI			ION}	134 INSIDE CITY LIMITS?	13e. STREET AD	DRESS				
2120	F ANY DE S. RETAIN SHOULE BECOME	V	ARYLAN	D BAL	TIMORE	BAL	Y OR TOWN TIMORE		13d INSIDE CITY LIMITS? YES NO XX	3104	LIGHTF	OOT DI	₹.	#2120	8
WD.	= 0.60 S	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDI	N NAME	MIDDLE			LAST	
	SESTH A PM A PM	1	ABRA	HAM	ROSENSWE	EIG	17.01			ECCA	1111000		OZE		
WO	FIER DEATH. FE PAGES 1, FE PAG	160. V	VAS DECEASEI	DEVER IN U.S. AR	WAR OR DATES)	16b. SO	CIAL SECURI	Y NO.	17 INFORMANT	MRS. H	ARRIET	TE ROS	ENS	WEIG	
BALTIMORE,	S AFTER GIVE PA ITH FOI PAGES IVISION		YES	WWI	I-ARMY	212	-12-41	30	3104 LIG	HTFOOT	DR.	BALTO.	, MI	D 21	208
	# m ≥ _ 0		18 CAUSE O	F DEATH (Enter or	nly ane couse per line								BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
W. PRESTON ST.,	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	7	OOL	ATH WAS CAUSE	TE CAUSE (a)B	Lunt	Trauma	to I	lead						
STO	A ALC A A G		887	7		AS A CO	NSEQUENCE	OF			1				
2	A A NEW YEAR			ns, if any, which se to immediate							3				
*	PEN AMIL		couse (o) lying cau	stoting the under-	DUE TO, OR	AS A CO	NSEQUENCE	OF							
,20	ONAREN				(c)										
DIVISION OF VITAL RECORDS, 201	P BUCAL	z	PART 2 OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATN	BUT NOT REL	ATEO TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 ia					
EC	MEDION AS A S A S A S A S A S A S A S A S A S	MEDICAL CERTIFICATION	19a. DATE OF	OBERATION	Tim count	ION FOR	WHICH ORE	A TIONIN	'AS PERFORMED?						
¥	SEP HEF	Š.	Tra. DAIL OF	OI EKATION	148 CONDII	IONTOR	WHICH OPE	KATION	AS PERFORMED?					AUTOPSY?	
<u> </u>	NOR NOR ME	E	71a FXTERNA	L CAUSE WAS	21b. TIME OF	INITIDY		21. W	OW INJURY OCCURRE	D - F1/750 - 1-1-105				YES 💢	NO [
0	TAH HE WELL	Ü	UNDERLYING	OR	HOUR MIM	MONTH		R				N ISPARI I ORP	ART 2)		
Sio	PAR PAR	Š	CONTRIBUTING	NG CAUSE OF	DEATH 9:30.M		14/19 8		ell down an	embank	ment				
N N	SEE DE LE DE	ME	WHILE _	1107111111	STREET, FACT	ORY, FARM,	ETC.)		TOTAL	CITY O	RTOWN		YTAUC	Ma	STATE
	PAAPA TATE		AT WORK	AT WORK	embar	wwen		400	Roland A	ve.	Baltim	ore		Md	•
	ENERGE STOP		22a. I certif	y that I took char	ge of the remains des	cribed ob		Autop	sy X, Inspectio	n . Inq	uiry 🔲	and in my a	pinian		
	WE WE WELL		deoth resulte	ed from: Natu	rol causes	Acident	X, (S	icide	, Homicide .	Undetermine	d manner	<u></u>],			
3	WAN WAR		ACTUAL	100	WH	84.	Wan	11/	TITLE (SPECIFY)			DATE			
	ATH AND THE	/	SIGNATURE 4	Leu	w	Mu	11011	44) N	.o. <u>Assistan</u>	MEDICAL E	XAMINER	DATE		2-6-	83
le A	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 12 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER REATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S	NAME D	ennis F. S	imyth	. M.D.		11	I Penn S	Street				
	PAGE TO TO TO TO TO TO TO TO TO TO TO TO TO	73a RI	IRIAL CREMA	TION PEMOVAL				METERY	ADDRESSR CREMATORY						
	00588	(5	PECHYBURIA	AL	FEB.7,198		NSHE E			23d, LOCATIO CITY OR TOWN BAL	TIMORE		MARY	LAND	TE
	Dr U J	24 FI	JNERAL DIREC	TOR SOL	LEVINSON, 8				75e. DATE	REC'D. BY REGIS		GUTRAR'S			
	DHMH - 17 (VR A15 ME (5))		NAME						FE	B 1 5 198	33	my	7		
	20M 4/82	-	WWW KE	ISTERSTO	WN RD. BA	LU	, MU	4141			V_				



W40 age 1852 Language 1. Carlo

The state of the s

the close plants a little and the control of the co

varialo Mineril specie viusali

inizationo

Sharota not to amountains offentagent

and the second second second second

TABLE SAME

THE STATE OF SECTION ASSESSMENT

AS HEARING ELECTION

ine Isani (Etele) Marii

10 01 CLARIFORN WILD ENGLISHED

1000000

1302 3133

•	deo
-	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed with the pain offer dea
212	
9	7.8
IA I	71
AR	10
", ∑	uted
0	8 8
¥.	e e
BAL	9
ST.	Tit.
Z	9
EST	eo
2	e e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	pot
20	8
SDS,	doi
Ö	3
or m	e c
Z	4 00
>	Phys
o Z	SIC
20	PH
2	NO TO
	2 0
	Spite
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital ar attending physicion.
	AL C
	SPIT J by
	HO
	7 of 9

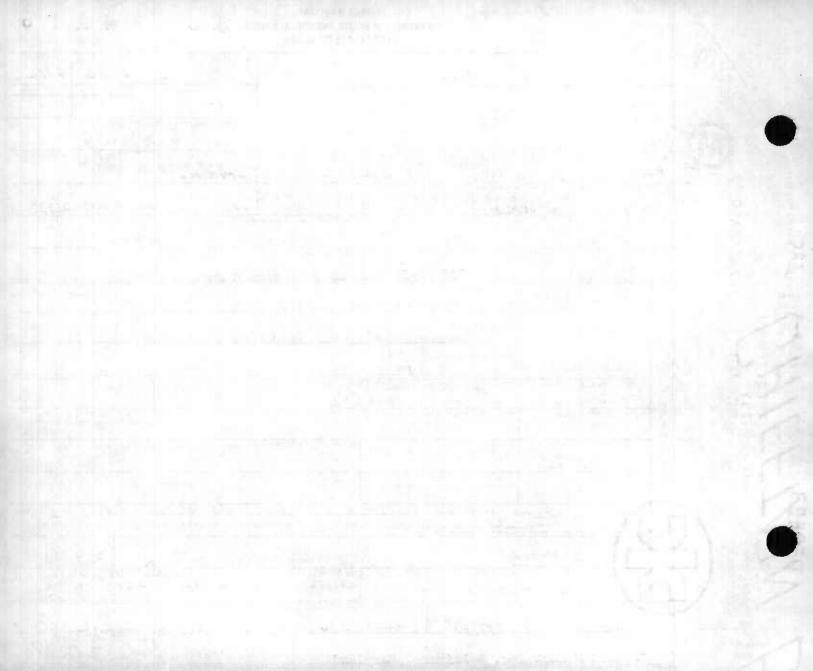
BP. DHMH - 16 50M

ofter deoth. Page 4 may be

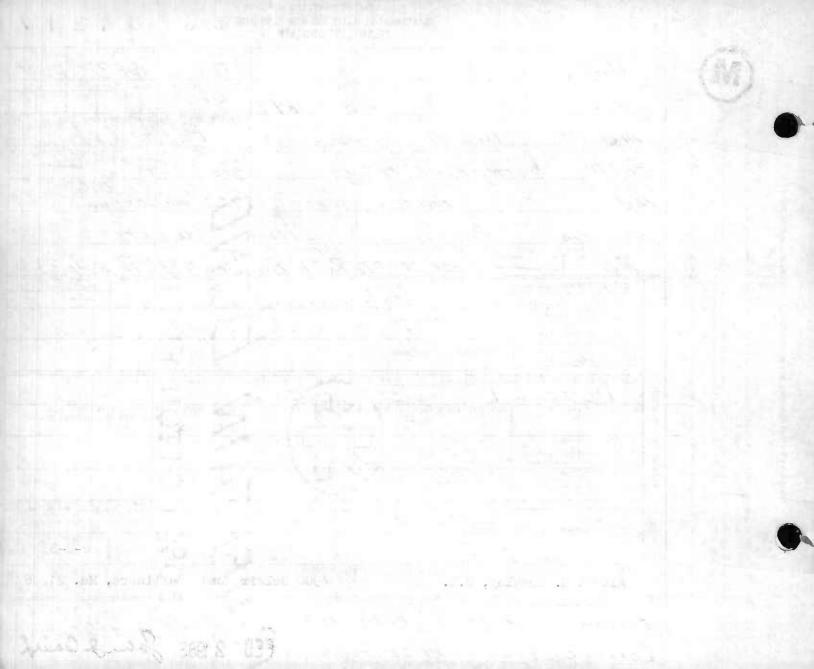
	1,01						STAT	E OF MARYLANI	D				
	N	1-	FOR STATE REGISTRAR			DEPART		FICATE OF DEA		0 0		3 4 2	1 5
/		I. DEC	EASED NAME	FIRST	A	MIDDLE		LAST .		Re. Za. DATE OF DEAT	NO.	DAY YEAR	2b. HOUR
, 0 de 4			OR PRINT)	Frank	(0,	Ru	On K			HINON	a. Pz	3.34 "
bod a		3. SEX		4.	RACE		5. DATE			AGE (IN YEARS LAS	TBIRTHDA	IF UNDER I YEAR	IF UNDER 24 HRS
rector, urs aft			male		المنا	culite	MONT	DAY -	G3	75	Yns	MONTHS BATS	HOURS MIN.
ne funeral director, page 3 within 72 hours after dooth	20		OUNTRY)	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MAR		BALTIMORECIT	Y OR COUNT	OF DEATH	8.11.11.1
fond thin	5	10 CT	TY OR TOWN OF D	EATH 11	. NAME OF H	OSPITAL NURSII	WIDOWE	DR OTHER INSTITU		120 USUAL OCCUP	PATION	NA NO OF	MD. F BUSINESS OR
by the	13	B	xultenore	Cyta		Button	ADDRESS)	erel Hosp		Draftsma	ST OF WORKING LI	FEI INDUSTRY	O.
		13a. S	L RESIDENCE LIF NU TATE	13b. COUNTY	HER INSTITUTION.	GIVE RESIDENCE BEFOR		13d. INSIDE CITY	LIMITS?	3s. STREET ADDRE	sş .	(2	1230
IVI)	5		MA			Bultimo	me	YES N		532 E.	Cloment	J. Bal	to Md.
12		14. FA	E FIRST	↑ MIE	DOVE	PLAST CAST	k	15 MOTHER'S M	AIDEN NAME	WIDDI		thon	70.
100	8		AS DECEASED EVE			166 SOCIAL SECI	JRITY NO.	17. INFORMANT	reix	AD	DRESS		(4)
cion ondsc	ned a	IA	ES NO OR UNKNOWN)	NO	VAR OR DATES)	212-05	-73941	Mrs. Edne	a M. Ru	ark, Same	as abou	ve	
200	II.		18 CAUSE OF DEATH	TH (Enter only WAS CAUSED)	ane cause per	line far ((b), ar	nd (c).)	+	5	1		APPROXIM BETWEEN O	MATE INTERVAL
ig phy sonpo remov	20			IMMEDIATE		Kes	Dinc	way	Fai	cone			
offending love carbo stron, or re	TO TO		5 850)	DUE TO, OF	R AS A CONSEQU	ENCE OF	au bar	1	2 1 1		0 (000)	
move vation	2		Conditions, if ar	nmediate	(b)			Concrete	ACON .	11000	riune		
ed by the leose rel iol, crem			couse (a), sto underlying cou	ting the	DUE TO, OF	R AS A CONSEQU	ENCE OF	Chanic	Row	of Ful			
0 0 -	-		PART 2. OTHER SIG	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR C	ONDITION GIV	VEN IN PART Ita	
- F - C		CERTIFICATION											
nos beer permit. ne prior	7	ICA	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY	20b. IF YE	S, WERE FINDING	GS USED OF DEATH?
hysicion. icote hos ronsit pe Hygiene 18 shows		RTIF				F 10 1 11 10 17		Tax manufacture		YES NO	YE	ES 🔲	NO 🗍
hys To 10	1		OR CONTRIBUTING		HOUR A.		AY YEAR	71c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
ding ph is certifi buriol-th Mental		MEDICAL	116 EITHER, NOTIFY ME		P./ 21e. PLACE C		19	21f. LOCATION					
After this is os the busile os the busile and M.		MEC		WHILE	JAT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY C	PRTOWN	COUNTY	STATE
		1	229 I certify that (200	attended the		2 -	3	19 6.3	_, to	2-19	19 43	hat (li (we) lost
pro for 120	4	>	sow the decer	(did) (did not)	2 -	ofter death.	15.0	nd that in (my) 🚳	opinion de	oth accurred on th	e date and how	ur and fram the c	auses stated
DIREC ached ached Dept.		(226./SIGNATURE	011	1			DEGREE	NIDINIG		7.455	22c. DATE S	GIGNED
RAL deto			<i></i>	4/2				PHY	SICIAN [MEDICAL DIRECTOR PHY	STAFF SICIAN	1 -1	7-05
etoined by th TO FUNERAL should be dete with the State			22d. PHYSICIAN'S	THE THE OF	acrem	1		3001	Hard	House	rt B	Mars D	Ad pass
shoul	-	23a B	JRIAL, CREMATION	I, REMOVAL	DE DATE		NAME OF C	EMETERY OR CRE	MATORY	123d LOCATION	3 30	CT 1000 1.	-M = 1230
BP				rial /		1000	en Ha	A4 .	0 1	CITY OR JOW!	vie, A.	A. (o. Man	ryland
H - 16 50M 4/8	82	24 FU	NERAL DIRECTOR	1 11	430	C T ADDRESS	1 0	21230	25a DATE	REC'D, BY REGISTE	AR 256. RE 951	TRAR'S SIGNATU	RE .
(VRA 15, 4)		11/q	jully Fun	eral Ho	me, 730	C. Fort	ave. Bo	uto.I'd.	IT	0 44 198	6	and l	shiely

pas to the second of the secon THE THE THE STAND WE WANT AZM AM The same of the sa The state of the s The state of the s 2 min 1 posting of 1 Cortain high whois Clean Porce Finley & by corn ball and a fee and the los were a start of the start was for a start of the start of the و ماسان بالمعاد عالم بالمالي والمن المن عالم الله على المنافع على المنافع المن

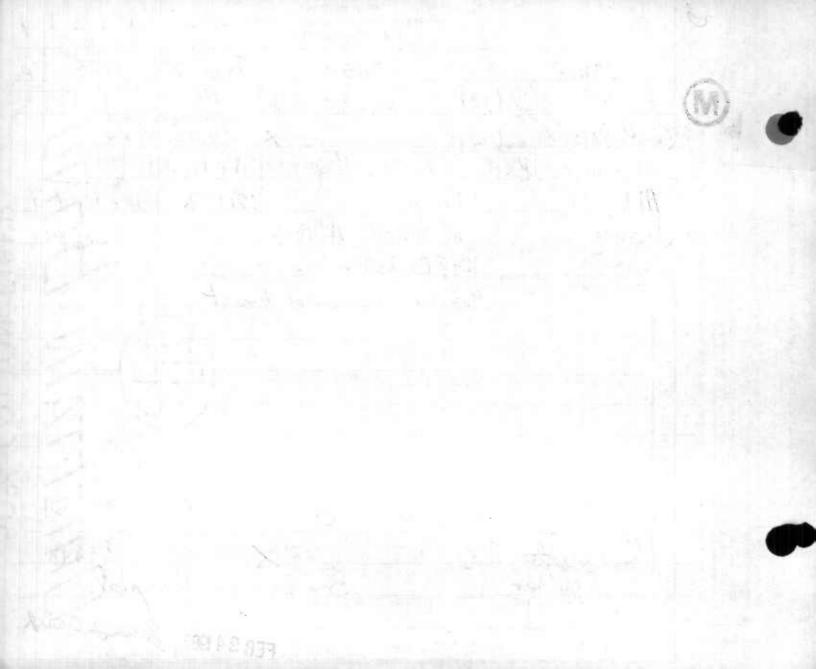
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2g. DATE OF DEATH 2h HOUR TYPE OF PRINTS 83 6.15a M JOHN DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MALE WHITE 1907 18 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALT, MORE BALTIMORE (MD) WIDOWED DIVORCED | OF CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retor THE R MUTOR MEEH AND STRY POALTIMENE GIT MINESTTO OF MARYLAND HOTP, TA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY BALTO, 134 CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14505 MANOR Road 21131 PHOEN:X MARY LAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA IDDI A JOHN RUCK MARGARET WEGER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) NO 212-07-5994 Mrs Josephine C Ruck 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic. PART I DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF GASTRO INTESTIME BLEEDING Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse MYELOCYTIC LEUKENIA ACUTE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT TH RUMBOCY TOPENIA CELLULITIS and 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED Horas. ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIANIX MPORTANT. INIVERSITY OF MARRILAMO KOPINO 224. PHYSICIAN'S NAME ITYPE OR PRINT) 22e. ADDRESS FUN The UNIVERSITY OF MARYLAND CANCER CENTE JAVIER HORNEDO hou 0 230 BURIAL CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY STATE Burial 2/7/83 Moreland Mem Park ark Baltimore Maryland 4 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4) Leonard J Ruck Inc. Baltimore, Maryland



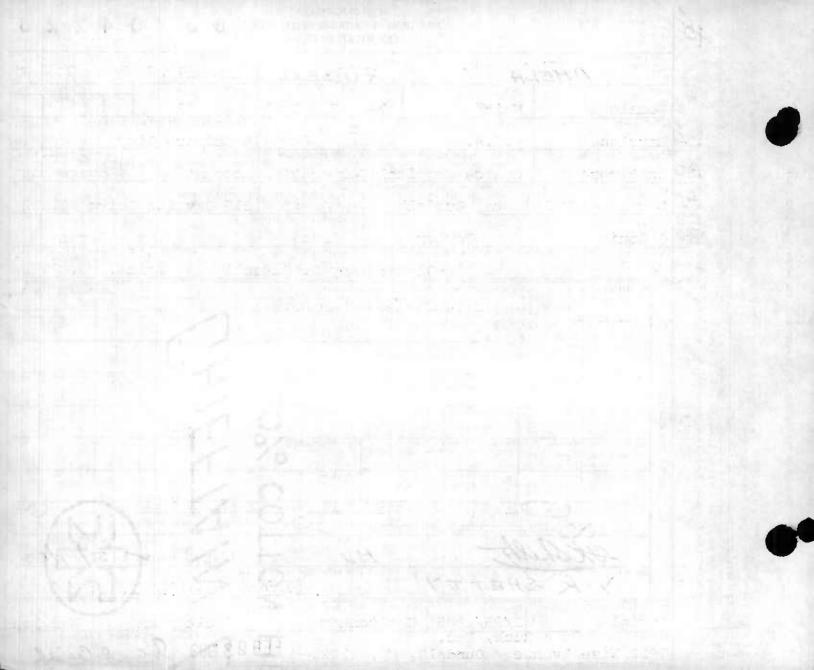
15	1.	STATE REGISTRAR			IFICATE OF DEATH	REG. 1	U 4 .	21/
(M)	(TYP	CEASED NAME FIRST		iff	LAST	Feb.	MONTH DAY YEA	2:06 AM
	3. SE	EMALE		OID F	E OF BIRTH NTH DAY YEAR Eb. 4 189	6. AGE (IN YEARS LAST BI	YRS.	AYS HOURS MIN
South A		IRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WH		RIED NEVER MARRIED [R	TO . C	+c1 MD.
5	,10 C	Balto.		PITAL, NURSING HOM CILITY, GIVE STREET ADDRESSY	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST	IP OF BUSINESS OR
AND 212	130	AL RESIDENCE (IF NURS IN INCOME STATE LINE COLI		RESIDENCE BEFORE ADMISSING CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2120 EDONDUG	25 st.
MARYL/	4	Willam	MIDDLE Bro	LAST DN	15 MOTHER'S MAIDEN N	a W	atts	LAST
be executed on ond control on ond control on ond control on ond control on ond control on one one one one one one one one one	160	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIN	E WAR OR DATES)	30-30-582	RUTH BY	adley 47.	38 Parks	Heights
IN W. PRESTON ST., BAL that the death certificate by the attending physici cost remove carbon paper of, cremorita, or removal, rother traumotic event, th		Conditions if on which gave use to immediate the base (a), stating the base last.	DUE TO, OR AS	for (0), (b), opp (2),) A CONSTOLENCE OF	mis & action	Inferction included He	activi	ROXINAL INTERVAL
ECCRDS, 301 ow requires the been signed mit. Then plec prior to buriol only injury, or	ATION	PART 2. OTHER SIGNIFICANT Libitis 190 DATE OF OPERATION	mellitus	ditan	UT NOT RELATED TO THE TEL Adult-ons ION WAS PERFORMED	RMINAL DISEASE OR COM	NDITION GIVEN IN PART	
The locion.	CERTIFICATION	710. ACCIDENT WAS UNDERLYING		V		YES NO	IN CERTIFYING CAUS	SES OF DEATH?
UG PHYSICIAN: Ottending physic tter this certifical ss the buriol-from h and Mental Hys	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EJTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. P.M. 21e. PLACE OF I	MONTH DAY YEA	211. LOCATION	IRRED (ENTER NATURE OF INJURE) CITY OR TO		STATE
DIVI FENDING fol or off OR. After Or use as the freelth or or use freelth or or use freelth or or use freelth or or or or or or or or or or or or or		WHILE NOT WHILE AT WORK 220.1 certify that (I) (this begans to be deceased alive or	del) ottended the de	chosed from	ond that in (my) (our) opinio	n death occurred on the c	2/1/ 19 83	, that (I) (we) lost
TO HOSPITAL OR ATT retorined by the hospit TO FUNERAL DIRECTS should be detached for with the State Dept. of with the State Dept. of		obove, (I) (we) did (did no	br PRINT	dly	DEGREE MO ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL STA	27c. D.	ATE SIGNED
TO HOSI retoined TO FUN should be with the IMPORT.		Albert B. Br			4900 Bel		// county	STATE
DHMH-16 60M 1/73	24 F	Burial UNERAL DIRECTOR	2-7-8	3 baly	0. 14 /2, Cer	A.F. BAN	100 111	24-
(VR A 15 (4))	(PALVIN 8-SC	ruggs	14/2E.	Pres ton st.	FR 7 1883	go and	tahulf



10:35 38 V + A G n formsk exemit field at the second sec California de la figura l'appoit de la figura de la figur Miles a common series in a series of a series for in the series of the s Tener Target H. Target



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 26 DATE OF DEATH I. DECEASED NAME RUSSELL 7h HOUR F. (TYPE OR PRINT) 7:38 FEBRUARY19, 1983 USSELL 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR Female 1911 White 9 BALTIMORE CITY OR COUNTY OF DEATH 74 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Baltimore City WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KPECE ELES OR Baltimore Church Hospital Corporation Accounting Government USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk 315 Bayside Drive 21222 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Serbe Louis Fowler Anna 315 Bayside Dr. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 216-01-2660 Roy F. Russell Balto., MD. 21222 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARKREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 22a.1 certify that (1) this haspital attended the deceased from FEBRUARY sow the deceased alive on FEBRUARY 19 83, and the above, (1) (4) (did not) view the body after death. FEBRUAY and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220. ADDRESS CHURCH 224. PHYSICIAN'S NAME BALTIMORE, MD; 21231 100 N. 230 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE Burial 2/23/1983 Cheltenham Cheltenham Maryland FEB 23 1983 24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 50M 4/82 7922 Wise Avenue Dundalk, MD. 21222 (VRA 15, 4)



and the second s

	1. DE	CEASED NAME (ak	FIRM	17.	MIDDLE	Į,	AST	REG. NO		DAY YEAR	2b HOUR
£ 3	(TYP	E OR PRINT	ka cam Karmil	la la	A.		ybinski	Feb. 27. 19		1570	11:00
-	3. SE			4 RACE	44	5. DATE O		6 AGE (IN YEARS LAST BIRTH		IF UNDER TYEAR	IF UNDER 24 H
		Female		Caucas	sian	Feb.	19. —1983	02		MONTHS DAYS	HOURS MI
1=	7a. B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OF	YRS.	OF DEATH	
197		Poland	1910	Polar	nd	WIDOWE	DIVORCED	Baltimore	C++	7	
11		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	12b. KIND C	F BUSINESS
34	B	altimore	10.11	Wan (CHEACILITY, GIVE STREET Secours H		1	Laborer	WORKING LIFE		Packin
Saud be		AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION TY	136. CITY OR TOW Baltimo:	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1608 Lanca	ctor		4.35
z she	_	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	racer	Porec	112122
300		Stanley Ko		เออเล	LAST	until S	Anna	MIDDLE		T.Tond	olowsk
THE REAL PROPERTY.		WAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	SS	MODIC	OTOMSK
medica		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	212-07-	907.7	Allen Rogers	- 1.35 Guerra	n St.	#2122	1.
		4100		DUETO	DAR A CONSEQUE	ENICE OF	U	V	^		
uriol, cremation,		Conditions, if ony gove rise to improve to improve to improve to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course to improve the course the	mediate ng the e last.	DUE TO, O	DR AS A CONSEQUE	CLOS ENCE OF	closeste	Heart		ease	<i>B</i> •
ene prior to bur	TIFICATION	gove rise to imi couse (a), statir underlying cause	mediate ng the e last.	DUE TO, O	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	Heart MINAL DISEASE OR COND WE AUTOPSY VES D NOD	ITION GIV		Ly w
Hygiene prior to bur 18 shows ony injury,	CAL CERTIFICATION	gove rise to imicouse (o), stofic underlying couse PART 2 OTHER SIGN	mediate ng the e lost. NIFICANT COMMITTEE NIFICANT	DUE TO, CO ON DITIONS COND THE TIME COND HOUR A	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTING TO I	ENCE OF	NOT RELATED TO THE TERM	VES □ NO□	DITION GIV	WHE FINDING CAUSES	STUSED DEATHS
or Item 18 shows any injury,		gove rise to improve the couse (o), storing couse (o), storing underlying couse PART 2 OTHER SIGN DATE OF OPERA THE ACCIDENT WAS UNITY OF CONTRIBUTING THE NOURY OCCUR.	mediate ng the e lost. NIFICANT CONTROL OF THE NAME OF THE SECOND OF THE NAME OF THE SECOND OF THE NAME OF THE NA	DUE TO, CO ONDITIONS C IN COND IN COND IN FIME C HOUR A	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	VES □ NO□	DITION GIV	WHE FINDING CAUSES	STUSED DEATHS
burial-transit permit. Then p it Mental Hygiene prior to bur or Item 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to improve the couse (o), storing couse (o), storing underlying couse PART 2 OTHER SIGN DATE OF OPERA THE ACCIDENT WAS UNITY OF CONTRIBUTING THE NOURY OCCUR.	mediate mediate with the lost. NIFICANT CONTROL OF THE MEDIA CONTROL OF	DUE TO, CO ONDITIONS C IN COND IN COND IN FIME C HOUR A	ONTRIBUTING TO I	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM WAS PERFORMED THE HOW INJURY OCCUR	196 AUTOPSYT VES NO NO	DITION GIV	STANDARILIA S, WERE FINDIN S O NEW CAUSES S O NEW CONTRACT 20	OF DEATHS
rial-tronsit permit. Then p ental Hygiene prior to bur frem 18 shows any injury, i		Gove rise to improve the couse of the couse	mediate mediate with the last of the state o	DUE TO, CO DITIONS C THE COND THE FLACE (at each of	OR AS A CONSEQUE ONTRIBUTING TO I ONTO FOR WHICH OF INJURY M. OF INJURY HELT ACTOR COVER he discurred from	CPERATION AY YEAR 19	NOT RELATED TO THE TERM WAS PERFORMED THE HOW INJURY OCCUR	INE AUTOPSYT VES □ NO□ CON OR TOW	DITION GIV.	S, WERE FINDING CAUSES	NO DEATHS
ched for use as the Durial-tronsit permit. Then p Dept. of Heolth and Mental Hygiene prior to bur Hem 21 is marked or Item 18 shows any injury, i		PART 2 OTHER SIGN THE DATE OF OPERA THE ACCOUNT WAS INFO OF COMMENCED THE ACCOUNT WAS INFO OF COMMENCED THE ACCOUNT WAS INFO OF COMMENCED THE ACCOUNT WAS INFO OF COMMENCED THE ACCOUNT WAS INFO OF COMMENCED THE ACCOUNT WAS	mediate mediate with the last of the state o	DUE TO, CO DITIONS C THE COND THE FLACE (at each of	OR AS A CONSEQUE ONTRIBUTING TO I ONTO FOR WHICH OF INJURY M. OF INJURY HELT ACTOR COVER he discurred from	OPERATION AY YEAR 19	THE LOCATION TH	INE AUTOPSYT VES □ NO□ CON OR TOW	DITION GIV. Date of YES IN CERTIFIED IN THE IN	S, WERE FINDING CAUSES	NO DEATH? NO DIATE
ched to use of the points is permit their point. Their points of Health and Mental Hygiene prior to but them 21 is marked or Item 18 shows any injury, it		Gove rise to improve the couse of the couse	mediate mediate in the last of	DUE TO, CO ONDITIONS CO IN COND IN COND IN TIME CO HOUR A P FIR PLACE Int code of	OR AS A CONSEQUE ONTRIBUTING TO I ONTO FOR WHICH OF INJURY M. OF INJURY HELT ACTOR COVER he discurred from	OPERATION AY YEAR 19	THE LOCATION TH	INE AUTOPSY? VES □ NO□ RED (ENTER HATURE OF PULLER) CIT OF TOW 2. To 2 • death occurred on the dat MEDICAL STATE	DITION GIV. Date of YES IN CERTIFIED IN THE IN	S, WERE FINDING CAUSES COUNTY 19 Tr and from the	NO DEATHY NO DIATE
ched for use as the burial-transit permit. Then p Dept. of Health and Mental Hygiene prior to bur Hem 21 is marked or Hem 18 shows any injury.		gove rise to improve the couse (o), storing underlying couse PART 2 OTHER SIGN THE DATE OF OFERA THE ACCIDENT WAS IN OR CONTRIBUTING THE PRIVATE OF OTHER SIGN OF THE PRIVATE OF THE PR	mediate mediate last the last	DUE TO, CO ONDITIONS CO IN COND IN COND IN TIME CO HOUR A P FIR PLACE Int code of	OR AS A CONSEQUE ONTRIBUTING TO I ONTO FOR WHICH OF INJURY M. OF INJURY HELT ACTOR COVER he discurred from	OPERATION AY YEAR 19	THE LOCATION TH	THE AUTOPSYT VES NO CHI OR TOW CHI OR TOW CHI OR TOW CHI OR TOW APPLICAL STAFF DIRECTOR PHYSICI	STILL IN GIVE	SWEET FINDING CAUSES SO CAUSES TO COUNTY TO COUNTY TO COUNTY TO COUNTY TO COUNTY	MOCUSED OF DEATHS NO [] STATE that III (well courses stated SIGNED
hed for use os the buriel-tronsit permit. Then pept, of Heolth and Mentol Hygiene prior to bur them 21 is marked or them 18 shows any injury.	WEDICAL WEDICAL	gove rise to improve the couse (o), storing underlying couse PART 2 OTHER SIGN THE DATE OF OPERA THE ACCIDENT WAS INFORMED THE MULIEY OCCUR THE THE ACCIDENT WAS INFORMED THE MULIEY OCCUR THE THE ACCIDENT WAS INFORMED THE COUNTY OF THE CO	mediate mediate in the last of	DUE TO, CO ONDITIONS CO IN COND IN COND IN TIME CO HOUR A P FIR PLACE Int code of	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTI ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING T	DEATH BUT	THE LOCATION TH	INE AUTOPSY? VES □ NO□ RED (ENTER HATURE OF PULLER) CIT OF TOW 2. To 2 • death occurred on the dat MEDICAL STATE	STILL IN GIVE	SWEET FINDING CAUSES SO CAUSES TO COUNTY TO COUNTY TO COUNTY TO COUNTY TO COUNTY	MOCUSED OF DEATHS NO [] STATE that III (well courses stated SIGNED

Tottles and The state of the s principal de ser apprecia de la constante de l - - - Committee lie, and the least to the light both in the state of the graph and collection of employment the collection.